REGULAR ARBITRATION PANEL

In the Matter of Arbitration)

Grievant: M. Wilson

between)

Post Office: Wilmington, DE

PADC

Case No: C00C-1C-D 04114132

and)

American Postal Workers Union)

Before:

GEORGE R. SHEA, Jr.

Appearances:

For United States Postal Service: A. Keen For American Postal Workers Union: S. Collins

Place of Hearing:
Date of Hearing:
Date of Post Hearing Submissions:
Date of Award:
Relevant Contract Provisions:
Contract Year:
Type of Grievance:

Wilmington, DE October 7, 2004 October 14, 2004 November 10, 2004 Articles 15, 16 2000-2003 Discipline (Removal)

AWARD SUMMARY

For the reasons more fully set forth in the attached Opinion, the Arbitrator determines that the underlying grievance in this matter is not arbitrable by reason of the Grievant/Union's late initiation of the grievance. The grievance, therefore, is dismissed with prejudice. The Arbitrator further determines that the proper disposition of the grievance does not require him to address the Parties' contentions regarding the merits of the grievance and the Arbitrator makes no findings, determinations or rulings regarding the merits of those contentions.

George R. Shea, Jr.



OPINION

STATEMENT OF PROCEEDINGS:

The Union, in accordance with the Parties' National Agreement [Agreement], appealed the above captioned matter to arbitration. The undersigned was designated as the Arbitrator to hear and decide the matter. The Arbitrator held a hearing on and at the previously captioned date and location. The Parties' representatives appeared and the Arbitrator provided them with a full and fair opportunity to be heard, to present evidence and argument, and to examine and cross examine witnesses.

The Service requested that the question of the arbitrability of the underlying grievance be separated from the merits of the grievance. The Union did not object to this request. The Parties requested the Arbitrator hear the entire matter but address the issue of arbitrability first and only address the merits of the grievance, if he found the matter arbitrable.

The Service called C. Van Istendal and L. Drummer as its witnesses. The Union called M.G. Wilson [Grievant] as its witnesses.

ISSUE:

The Parties agreed to the following statement of the issue before the Arbitrator:

Is the underlying grievance not arbitrable by reason of its' date of filing? If the grievance is arbitrable, did the Service have just cause to issue M. Wilson [Grievant], the Notice of Removal dated March 24, 2004 [Notice/Removal/Notice of Removal]? If not, what shall be the appropriate remedy?

2

¹ Colling, H4C-4B-C 4753, (1987)

OPINION

STATEMENT OF PROCEEDINGS:

The Union, in accordance with the Parties' National Agreement [Agreement], appealed the above captioned matter to arbitration. The undersigned was designated as the Arbitrator to hear and decide the matter. The Arbitrator held a hearing on and at the previously captioned date and location. The Parties' representatives appeared and the Arbitrator provided them with a full and fair opportunity to be heard, to present evidence and argument, and to examine and cross examine witnesses.

The Service requested that the question of the arbitrability of the underlying grievance be separated from the merits of the grievance. The Union did not object to this request. The Parties requested the Arbitrator hear the entire matter but address the issue of arbitrability first and only address the merits of the grievance, if he found the matter arbitrable.

The Service called C. Van Istendal and L. Drummer as its witnesses. The Union called M.G. Wilson [Grievant] as its witnesses.

ISSUE:

The Parties agreed to the following statement of the issue before the Arbitrator:

Is the underlying grievance not arbitrable by reason of its' date of filing? If the grievance is arbitrable, did the Service have just cause to issue M. Wilson [Grievant], the Notice of Removal dated March 24, 2004 [Notice/Removal/Notice of Removal]? If not, what shall be the appropriate remedy?

¹ Collins, H4C-4B-C 4753, (1987)

PACTS:

The events regarding this matter were described in the testimony of the Parties' witnesses and in the documentary evidence offered by the Parties. Based upon his review of that evidence, including his personal observation of the witnesses during their testimony, the Arbitrator determines that the preponderance of that evidence supports the following findings of fact.

1. M.G. Wilson [Grievant], at times relevant to this matter, was a postal employee assigned to a Clerk position on Tour 2 at the Wilmington, DE P&DC [Facility]. At the time of the Hearing, the Grievant had been employed by the Service for approximately 19 years. During her postal employment, she served the Union as a Shop Steward and in that capacity had represented other employees at pre-discipline interviews prior to March 10, 2004.

At all times relevant to this matter, the Grievant's official residential address was the one used by the Service when notifying her of the Notice of Removal. Prior to the events at issue in the instant grievance, the Grievant had received mail, including certified mail, at this address.

The Grievant suffers from asthma, a condition which made her eligible for Family Medical Leave and provided her with protection for related absences.

On or about October 20, 2003, the Grievant commenced part-time employment at Boscov's, a department store located near the Facility. The work hours of this part-time employment were outside her postal work hours.

2. March 10, 2004: L. Drummer [Disciplining Supervisor] held a pre-discipline Interview or Day in Court procedure regarding the anticipated Removal of the Grievant from her postal employment. The interview was attended by C. Van Istendal [Concurring Official]. The Grievant was represented by Pat McLaughlin, a Union representative. Subsequent to the pre-

- discipline interview, the Grievant was relieved of her postal identification badge and escorted from the Facility.
- 3. March 13, 2004: The Disciplining Supervisor responded to an inquiry from the Grievant and indicated that her decision to Remove the Grievant from her postal employment was based upon the Disciplining Supervisor's personal investigation of the charged incidents.
- 4. March 24, 2004: The Service, in the person of L. Drummer [Disciplining Supervisor] with the concurrence of C. Van Istendal, issued the Grievant a Notice of Removal dated March 24, 2004 [Notice / Removal]. The first paragraph of the Notice of Removal stated that it would be effective 30 days from the Grievant's receipt of the Notice. On the same day, the Service sent the Notice of Removal by regular First Class and Certified Mail to the Grievant's residential address. The Service requested proof of delivery of the First Class mailing.
- 5. March 30, 2004: The Letter Carrier assigned to the postal delivery route servicing the Grievant's residence, notified the Service's Labor Relations Department that he delivered the First Class mail to the Grievant's resident address and simultaneously left notice of attempted delivery of the Certified Mailing on this date. (Sr-#1, 2)
- 6. April 1, 2004: The Service's Equal Employment Opportunity [EEO] Office sent the Grievant an "Information for Pre-Complaint Counseling" form. The Information Request was the result of the Grievant's contact with the EEO Office on March 31, 2004.
- 7. April 6, 2004: The Grievant, who testified that she had not been at her residential address between March 26, 2004 and April 6, 2004 for personal reasons, signed for the Certified Mail piece containing the Notice of Removal. She further

- testified that this was the first notification she received of the Notice of Removal and that she immediately contacted the Union and provided the Union with a written statement regarding the charges upon which the Removal was based.
- 8. April 10, 2004: The Grievant responded to the EEO Office's Information request on this date and indicated that she had been removed from her postal employment on March 31, 2004 and had filed a grievance contesting the Removal on April 6, 2006. (Sr-#3)
- 9. April 16, 2004: The Union initiated the underlying grievance challenging the contractual appropriateness of the Notice of Removal at a Step One meeting on this date. The Service denied the grievance on its merits.
- 10. April 19, 2004: On an undated Step 2 Appeal form, the Union appealed the underlying grievance contesting the contractual appropriateness of the Notice of Removal to Step 2 of the grievance procedure. The Form was stamped as received by the Service's Labor Relations Department on April 19, 2004.
- 11. April 23, 2004: A Step 2 meeting regarding the grievance took place between the Service, in the person of A. Keen, and the Union, in the person of C. Stinson.
- 12. April 27, 2004: The Service, in the person of Keen, notified the Union, in the person of Stinson, that the grievance was denied. The Service asserted that the grounds of the denial was the untimeliness of the grievance. The Service also denied the grievance on its merits.
- 13. May 4, 2004: The Union appealed the Service's denial of the grievance to Step 3 and to arbitration.

POSITIONS OF THE PARTIES:

United States Postal Service [Service]

Procedural Arbitrability:

The Service maintained that the instant matter is not arbitrable by reason of the Grievant/Union's failure to file the grievance within the fourteen day time limit established by Section 15.2. Step One of the Agreement's grievance procedure. The Service asserted that it perfected this challenge to the grievance's arbitrability in its Step 2 denial of the grievance, as required by Section 15.4.B of the Agreement. The Service further asserted that the Grievant/Union had waived the grievance pursuant to the provisions of Section 15.4.B of the Agreement. Finally, the Service asserted that the Arbitrator, by operation of Section 15.5.A.6 of the Agreement, cannot alter or amend the provisions of Section 15.2 or 15.4 of the Agreement and must find the grievance not arbitrable.

Substantive Merits of the Grievance:

The Service maintained that it had just cause to issue the Grievant the contested Notice of Removal; in that, the Removal (a) was issued subsequent to the Service's investigation of the charge, including a proper pre-discipline interview of the Grievant, (b) was based upon a proven charge of the Grievant's Improper Conduct by reason of her mis-use of sick leave (c) was consistent with the proven charge and the Grievant's employment record and (d) was issued in accordance with procedures sanctioned or required by the Agreement and the Just Cause Standard.

Based upon these factual assertions and contractual contentions, the Service requested the Arbitrator deny the grievance.

² Aaron, H8T-5C-C 12360, (1982)

American Postal Workers Union, AFL-CIO [Union] Procedural Arbitrability:

The Union maintained that the grievance was arbitrable. The Union maintained that the Service had the burden of establishing the basis of its claim that the grievance was not arbitrable and has failed to meet that burden. Affirmatively, the Union maintained that the grievance, which was filed on April 16, 2004, was initiated timely. Specifically, the Union argued that the tolling of the time period for initiating the grievance commenced on April 6, 2004, the date on which the Grievant reasonably could have been expected to learn of the Service's issuance of the contested Removal. The Union requested the Arbitrator find the grievance arbitrable.

Substantive Merits of the Grievance:

The Union maintained that the Service did not have just cause to issue the contested Removal to the Grievant; in that, the Removal (a) was excessive, therefore, not corrective in nature, (b) was untimely, therefore, procedurally defective, (c) was issued without a proper pre-discipline investigation, therefore, procedurally defective and arbitrary in nature and (d) was issued without a proper pre-discipline interview of the Grievant and without a proper concurrence by a higher authority, therefore, failed to comply with procedures mandated by the Agreement.

Based upon these factual assertions and contractual contentions, the Union requested the Arbitrator sustain the grievance and award the Grievant reinstatement to her postal employment and full restitution of all wages and benefits lost by her as a result of the contested Removal.

DISCUSSION:

Section 15.2. Step 1 (a) of the Agreement, in parts relevant to this matter, provides the following:

"Any employee who feels aggrieved must discuss the grievance with the employee's immediate supervisor within fourteen (14) days of the date on which the employee or the Union first learned or may reasonably have been expected to have learned of its cause."

Section 15.4.B of the Agreement, in parts relevant to this matter, provides the following:

"The failure of the employee or the Union in Step 1 or the Union thereafter to meet the prescribed time limits of the Steps of this procedure, including arbitration, shall be considered a waiver of the grievance. However, if the Employer fails to raise the issue of timeliness at Step 2 or at the step at which the employee or Union failed to meet the prescribed time limits, whichever is later, such objection to the processing of the grievance is waived."

The Service, as the party relying on the non-arbitrability claim based upon the untimeliness of the grievance's initiation, must bear the burden of establishing the contractual and factual basis of that claim. If the Service establishes its prima facie case on this issue, the burden of proof and persuasion shifts to the Union to rebut the Service's prima facie evidence or to establish circumstances which would excuse or justify the late filing of a grievance.

The Service maintained that the provisions of Article 15 of the Agreement [Article 15] mandate that a grievance be filed within fourteen days of the Grievant's or the Union's first knowledge of the incident grieved, in the instant matter the Service's Removal of the Grievant from her postal employment. The Service argued that this requirement was absolute and no exceptions could be made to the mandate without altering the Agreement. The Arbitrator cannot agree.

There is arbitral discussion, even in the cases cited to the Arbitrator by the Service, which imply that, if the Grievant was physically, psychologically or emotionally incapable of understanding the significance of a Notice of Removal or was prevented from receiving or reacting to a Notice of Removal, the tolling of the time limits of Section 15.2 would not commence until the impediments to the Grievant's action were removed.

The Arbitrator determines that the evidence in this matter establishes that the Service mailed the Notice of Removal to the Grievant's residential address of record. This mailing was accomplished by First Class and Certified Mail.

Such a proper mailing of the First Class mail piece creates a rebuttable presumption that the item mailed was delivered and received by the addressee. This presumption may be rebutted by evidence establishing that the sender used an incorrect address when mailing the item or that the mailed piece was returned to the sender. The evidentiary record of this matter contains no such evidence.

Conversely, the documentary evidence established that the First Class mailing was delivered to the Grievant's resident address of record on March 30, 2004. The Arbitrator further determines that the preponderance of documentary evidence and credible testimony establish that the Grievant actually received the Notice of Removal contained in the First Class mailing on or before March 31, 2004.

Based upon these findings, the Arbitrator determines that the tolling of the fourteen day period during which the Grievant or the Union had to initiate a grievance challenging the contractual appropriateness of the Notice of Removal commenced on March 31,

³ See Liacos, PaulJ. <u>Handbook of Massachusetts Evidence</u>, 5th ed Little Brown and Company, Boston, MA (1981) at page 52 for discussion and cited cases.

2004 and ended no later than April 14, 2004. The underlying grievance in this matter was initiated on April 16, 2004.

The Arbitrator determines that the evidentiary record does not contain sufficient evidence to warrant a finding that the Grievant was physically, mentally or emotionally incapacitated or impaired to the extent that she could not understand the significance of the Notice of Removal or could not initiate a grievance challenging its contractual appropriateness during the period between March 31, 2004 and April 14, 2004. The Arbitrator further determines that there is no evidence that the Parties agreed to extend the time for filing of the underlying grievance; conversely, the evidence supports the finding that the Service properly raised the question of the timeliness of the grievance and perfected this objection to the grievance as required by Section 15.4.B of the Agreement.

The Arbitrator recognizes the premise that a grievance must be presumed arbitrable and he is reluctant to dismiss a grievance on technical grounds, as contrasted with addressing the Parties' substantive contentions regarding the dispute. The Arbitrator, however, also recognizes his obligation to apply the Agreement in accordance with the Parties' intent as expressed by the unambiguous language used by them to express their accord on this issue.

In consideration of these findings regarding the non-arbitrablitly of the underlying grievance, the Arbitrator determines that the proper disposition of this grievance does not require him to address the substantive contentions regarding the question of whether or not the Service had just cause to issue the Grievant the contested Notice of Removal. The Arbitrator, consequently, makes no finding, determination or ruling regarding the validity of the Parties' contention on this issue.

Based upon the findings and reasoning set forth in this Opinion, the Arbitrator makes the attached Award.

MARICAN POSTAL WORKE Case 1:05-cv-00073-JJF Doc	RS UNION, A ument 34-3 Filed	FL_CIO 02/23/2006 Pa	STEP 2 agen120146
1 OF INCINE INATURE OF OR CONTRACT HESUE	CRAFT/ , OATE		APPEAL FORM
TO USPS STEP 2 DESIGNEE INAME & TITLES	INSTALLATION/SEC. CENJEM		C FRONE
3 Wilmington DE/MTS area dreal D	Box 311 Nous	1 11 7 37478	ZIP
A STEP 2 AUTHORIZED UNION REP INAME & TITLE!	AMEN COOK PHONE FOR	AREA COOK /	720
5 Barbara Prothro Trustee	(30) 322-8		323-0211 HONE (OTHER)
WHERE - WHEN STEP 1 M	EETING & DEC	ISION ME	T WITH
T STEP I DECISION BY INAME & TITLE	DATE & TIME	GRIEVANT AND/OR ST	
BUISON, Melinola G. 26	6/24/02 1320	TO 7/3/UZ DATE	ALING ONLY PERIFIES OF DECISION PHONE
9 22152 2808 4-21-851 CKYK 10	Ashley Dr Ne	OUTY HAS OFF DAY	395 4850
. 10 Mail Processor 215 WALL	ATION CITY AND EIF CODE	1930-1800 SA GUI	ME VETERAN
11 Pursuant to Article 15 of the National Agreement we had of (but not limited to) the following: NATIONAL, (Art.):	ereby appeal to Step 2 the	fallowing Grievance alleg	ging a Violation
12 DETAILED STATEMENT OF FACTS/CONTENTIONS OF I			
Mant, in in windstin D(11. 11	Sta De W	nion Contend	Is that
limited to arts. 12, 13 19 37	and the Am	h chang	put not
aware of this some thurson	and The 8 M	The Union	Velame L
an injury approx. 10 yrs. aga.	She has he	a on linito	(Since
the miskap	R LABO	ECEIVED R RELATIONS	·
	JUL	1 2 2002	
			DEPOSITION EXHIBIT
List of attached papers as identified	WILMINGTO	OSTAL SERVICE DN. DE 19850-9401	W. 1250 8
13 CORRECTIVE ACTION REQUESTED That grie	vant. Melin	da) [1]. Vsa.	1 60
made whole in every way,	in cluding to	he 4 hrs. de	niek
Ker on 06-18-02. She par re-	impursed any	lost sick	leave Time
and annual leave due to her	Talling LWOX		·
NO CARBON NECESSARY (UP TO 5 COPIES)	Starlese	Clemby	<u>A-</u> 000054
(O. 10 3 COFIES)	ಇಂಡಿಸಿಗೆ ನಿರ್ವಹಿಸಿ	THE OF AUTHORIZED	UNION REP.

OFFICE:

Name:

C00C-1C-C02188086 DIST081

Issue:

12-JUL-02 CL51402

Union Grievance #:

WILSON

Management #:

WILMINGTON DE 19850 9993

As a result of our discussion of this date, it is hereby mutually agreed that the above referenced grievance is resolved in accordance with the following:

To revolve this greenance, grevant shall receive \$50.00

The above-cited language represents full and final settlement of the above-referenced grievance. This agreement is full and final settlement of the grievance and will not be appealed any further. It is mutually agreed that this settlement agreement is not to be cited as precedent by either party in any future grievance or arbitration case.

We have carefully read the above and fully agree this grievance is considered fully settled.

cc: Labor Relations

File

Case 1:05-cv-00073-JJF Document 34-3 Filed 02/23/2006 Page #440F48x M LOCAL GRIEVANCE USPS GRIEVANCE DEBBIE KELLEY-BROWN, ELKR Delaware Processing 323-2241 DIST. CTR ADDRESS FROM, LCCAL UNION INAME OF asile De MALCOLM T SMITH AREA LEESL New 19720 AREA CODE PHONE IDFFICE AREA CODE PHONE |OTHER |... STEP 1 AUTHORIZED-UNION REP. - INAME & TITLE Barbara frothro Trustee : 307 1323 0211 (302)323-62/1 AREL CODE PHONE IOFFICE AREA CODE PHONE (OTHER) LOCAL UNION PRESIDENT 130-13778994 (302)3228994 Barbara frothers, Trustee STEP 1 MEETING & DECISION MET WITH WHERE - WHEN UNIT.SECTOR.STA.OFE USPS REP . SUPR GRIEVANT ANG/OF STEWARS IN.TIALS THITIALING DALY SATE & TIME STEP I DECISION BY INAME & TITLE (يث :3373 1/4/03 Linds in women 1.60 SATE OF SECISION STATE CRIEVANT PERSON OR UNION ILLE MAI MINI New Custle 3954854 DG 19720 WILSON, MELINGA SOCIAL SEE, NO. | SERVIN 28 ASHEU SERVICE SENIORITY CRAFTIFTR . PTR . PTF | LEVEL | DUTY HAS | OFF DAYS STEP O 430-150W 4-85 Kellproc 12152 2808 AND TIP SOOK JOSETPAY LOCATION JUNITISEC'SRISTA OFCI PEDC 10 19.850 215 Wilm Do Chan Daykinon Bray Pursuant to Article 15 of the National Agreement we hereby appeal to Step 2 the following Grievance alleging a Violation of (but not limited to) the following: NATIONAL (Art. Sec.) LOCAL MEMO (ARTISED) OTHER HANDALS, POLICIES, WILL MINUTES, ETC. L1220 1 2 DETAILED STATEMENT OF FACTS/CONTENTIONS OF THE GRIEVANT RECEIVED LABOR RELATIONS 2003 U.S. POSTAL SERVICE WILMINGTON, DE 19850-9401 List of attached papers as identified B CORRECTIVE ACTION REQUESTED 11110 007 A-000056

MERICAN POSTAL WORKERS CHITON, AT LECT

GRIEVANCE

Pre-Arbit	ration Settlemei	V T
DATE: DECEMBER 16 September 27, 2003	OFFICE:	
REGIONAL NO: CGO CI CC 03074178	GRIEVANT:	LOCAL NO.
Union Representative: Jim Burke	MANAGEMENT REPRESENT Steve Malizia	ATIVE:

As a result of our discussion on this date, it is mutually agreed that the above cited grievance is resolved in accordance with the following:

Shint will be paid (8) Low at 0.7. note

By virtue of this full and final settlement agreement, this document shall also serve as the union's official notification to management that it is withdrawing this case from the grievance arbitration process. Additionally, both parties agreed that this settlement is non-precedent setting and will not be cited by either in any subsequent grievance or arbitration hearing.

Union Representative (Date)

Jim Burke, Coordinator

Eastern Region

American Postal Workers Union

Stew Molyco 12/16/03

Management Representative (Date)

Steve Malizia

Eastern Area Labor Relations

United States Postal Service

Case 1:05-cv-00073-JJF Document 34-3 Filed 02/23/2006 Page 16 of 48 M LOCAL GRIEVANCE USPS GRIEVANCE ler K : C+130103:03678179 INSTALLATION/SEC. CENJAMO DESBIE KELLEY-BROWN, ELLER Delaware Processing DIST. CTR 3-3-2241 FROM: LOCAL UNION INAME OF ACORESS 210 Po Box 311 New Castle De MALCOLM T SMITH AREA LUXAL 19720 STEP 2 AUTHORIZED UNION REP. - INAME & TITLES AREA CODE PHONE (OFFICE) AREA CODE PHONE (GTHER) .. Barbara trokero Trustee (302) 323 0211 1(302)323-6211 LOCAL UNION PRESIDENT AREA CODE PHONE (OTHER) AREA COOL PHONE (OFFICE)) <u>3</u>ጔጔ&ዓዓት Barbara Prothro, Trustee (302 (302)3228994 STEP ! MEETING & DECISION . MET WITH WHERE - WHEN UNIT. SEE PA. STA. OFC USPS REF - SUPR CREMATE ROLONA THAYBIRD מיוחס באנוגעדואו CATE & TIME INITIALS STEP I OSCISION BY INAME & TITUE 11) VERIFIES 1/4/03 10:37 0-Dramme, DATE OF DEDISION CRIEVANT PERSON OR UNION ILINAMENTE ACORESS STATE 28 New CASTIE SOCIAL SEC. NO. SERVICE SENIORITY CRAFTIFTE . FTR . PTF DUTY HAS 930-18 SA BUTWIT WIF WORK LOCATION CIT SECURITY 10 215 アロヒ 19850 YEST NO TYES ! NO THE Pursuant to Article 15 of the National Agreement we nereby appeal to Step 2 the following Grievance alleging a Violation of (but not limited to) the following: NATIONAL, (Art./Sec.) 30111104 LOCAL MEMO JARTUSEEJ OTHER MUNUALS, POLICIES, WM MINUTES, ETC 13 12 DETAILED STATEMENT OF FACTS/CONTENTIONS OF THE GRIEVANT RECEIVED n 0 U LASOR RELATIONS JAN 6 2003 U.S. POSTAL SERVICE List of etteched acaers as identified WILMINGTON DE 19850-9401 13 CORRECTIVE ACTION REQUESTED SKIPUAN! A-000058

MERICAN FUSIAL WURKERS UNION, ALL-CIU

GRIEVANCE

Pre-Arbit	RATION SETTLEM	IENT
DATE: DEC 16, 1003	OFFICE:	R.L.
REGIONAL NO:	GRIEVANT:	LOCAL NO. CL230107
Union Representative: Jim Burke	MANAGEMENT REFRES	ENTATIVE:

As a result of our discussion on this date, it is mutually agreed that the above cited grievance is resolved in accordance with the following:

Smut well be poil () hours at straight teme note

By virtue of this full and final settlement agreement, this document shall also serve as the union's official notification to management that it is withdrawing this case from the grievance arbitration process. Additionally, both parties agreed that this settlement is non-precedent setting and will not be cited by either in any subsequent grievance or arbitration hearing.

Union Representative (Date)

Jim Burke, Coordinator

Eastern Region

American Postal Workers Union

Stew Moligia 12/16/03

Management Representative (Date)

Steve Malizia

Eastern Area Labor Relations

United States Postal Service

A000059

AMERICAN POSTAL WARRENG LL	Man AFI CIO	
AMERICAN POSTALON ORKERSUNIAN	N303N, Aled 02(23/10)6	Page 1850 P482
1984		GRIEVANCE
DISCIPLINE INATURE OF OR CONTRACT HISSUE	DATE / LIGGAL CRUE	APPEAL FORM
TO USPS STEP 2 DESIGNEE INAME & TITLE! INSTALLED	へ しんしんフリシフ ゴイランマル	SOY #
	ION/SEC. CEN./BMC	PHONE
3 POTE APILL BORES O	<u> </u>	
T. U. T.	0 X 311 New Cas	T. DE 1972 0
4 COURT DE COME ATTILE		- 17 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4
5 C AREA CO	2) 3 2 3 - 0 2 11 (3 0 7	_
Oreve Collins 1307		
WHERE - WHEN STEP 1 MEETIN		700001
O DATE TIME USPS REP - SUPR	GRIEVANT AND/O	MET WITH
STEP 1 DECISION BY INAME & TITLE	Wilson /	McLaur (./
DATE	TIME INITIALS	INITIALING ONLY VERIFIES
B CRIEVANT PERSON OR UNION (LISTATING FIRST) ADDRESS		DATE OF DECISION
SOCIAL SEC. NO. SERVICE SENIORITY CRAFTIETA PTROPTET	New Castle, DE	9813079 -
2808 14-85 CM	S D 7-330	DAYS
O 215	AND ZIP CODE	GU AT W T F
	Y ∽ ∧	CHAIP CO.
Pursuant to Article 15 of the National Agreement we hereby appe of (but not limited to) the following: NATIONAL, (Art./Sec.)	al to Step 2 the following Grievance	alleging a Violation
LOCAL MEMO (ARTISEC.) OTHER MANUALS. POLICIES, LIM MINUTES, E	TC.	
2 DETAILED STATEMENT OF FACTS/CONTENTIONS OF THE GRIEVA	11.6 ELM	Lhoy
- TACIS/CONTENTIONS OF THE GRIEVA	NT	
74 61		
TIS the Union	15 Contentio	\sim
Ihrst management		
	1	hodyled
Di ne helia	lay 0/ 2	116/04
tresidents Um o GRIEVANT	· Vokester-1	· — — — — — — — — — — — — — — — — — — —
	i i	
2 / her holiday And	NON Schoolets	el Day
Dut WAS Not But ON 7	the link T	16
		NS testal
7	King IN FARI	evants'
ection 043,045,030	, ,	
f attached papers as identified		
CORRECTIVE ACTION REQUESTED		<u>. </u>
- GRIEVANT E	e mode whole	
Lery Way 2 27 5	/ / /	
1 De PAID O	hrs holden	And
hours Time and one	LALF	-
		A- 000060
	11/1/1	11
NO CARSON NECESSARY (IIP TO 5 CORES)	fatul sife	1
1 TOTAL PLANE TO A STANDARD TO		

STEP II SETTLEMENT

UNION:

STEP II DESIGNEE:

C00C-1C-C04089930 DIST081

05-MAR-04 CL230304

MANAGEMENT DESIGNEE:

WILSON

WILMINGTON DE 19850 9997

GRIEVANT:

GRIEVANCE NO:

DATE OF DECISION:

As a result of our discussion this date, it is mutually agreed that the above-cited grievance is

The grituant's MON-scheduled are Sendy/mondey her talking use Saxordy 2/14/04. The clerk King's holday was Marky 2/14/04 with Non scheduleddays & Tandy/wednesdy. Mangement is Lot doligated to schedule the grient for arekine on a/16/04.

Both parties agree that this settlement is non-precedent setting and will not be cited, by either, in any subsequent grievance or arbitration hearing.

UNION REPRESENTATIVE

X Plant Manager Union CC:

X Managers, Distribution Operations 1, 2 & 3 Grievance File Personnel X Labor Relations

This letter is official notification for you to implement the terms of this settlement agreement, as indicated above:

> **PSDS Supervisor** PS Form # 2243 attached

Step | Supervisor

A-000061

Case 1:05-cv-00073-JJF Document 34-3 Filed 02/23/2006 Page 20 of 48

12/29/03

1:56 pm

On Kleiember 23, 2003, I Melindi G. Wilson

On Recember 23, 2003, I Melindi G. Wilson, was called into the MDO office to see Carla Van Istendalo my shop steward was himited buty was denied and she would not accommodate me with Light duty. I injured myself at work on 1/5/95 with an acceptable claim # of 030205375. Ofter This date of had a reaccurrence on 10/4/02 and gent the wrong DOI on my forms. Therefore I was given a new claim # of 030211732 which en fact was denied. Stell I was affered a Job on 12/4/02 by Linda Drummer my 500 and Shared Jeronices, I acapted this fat. Get on 12/23/03 Carla Van Istexdal is saying the few offer is now void and that I had to leave the flumises and not have been in teturn unless I was back to full Luty: this got since I want to be paid from Dec 23, 2003 from the time management exilect vary tour until I am allowed to lettern to work.

> A-000062 Helinda Dhilson 22152 2808

AMERIGANOS-COSTOXB-JWORKERSnt34NIONIJIEACE23CODO Page 2501518 2 GRIEVANCE APPEAL FOR

	APPEAL FORM
DISCIPLINE INATURE OF OR CONTRACT HISSUEL JCAM CRAFT	THE STATE OF
TO USPS STEP 2 DESIGNEE INAME & TITLE	LATION/SEC. CEN /BMC PHONE
FROM: LOCAL UNION INAME OFF ADDRESS	17 + CO 14850 333-2241
11115/1000 J.O. BASIL V	REA CODE PHONE IGFFICE) AREA CODE PHONE IGTHER!
40. D. Courthand S. Stinson	10A 1323 -0211 ((302)322 - x98V
\mathcal{S}_{i}	162 333-03/1 (362 332) - 8994
	ING & DECISION MET WITH
ONIT/SEC/BR/STA/OFC DATE/TIME USPS REP . SUP	
- II	DATE ATTIME INITIALING ONLY
CARLA M. VOLL TENLY MOO 1	2/31/03/3:34 (DATE OF DECISION DATE OF DECISION
8 WILSON, Melinche G. 28 Ashler	Dr New Costle DE 19720 302395 4854
9 2808 SERVICE SENIORITY CRAFT FTR. PTR.	PTF LEVEL STEP DUTY HRS OFF DAYS
10 215 WILM DE	CITY AND ZIP CODE LIFETIME VETERAN SECURITY
11 Pursuant to Article 15 of the National Agreement we hereby	appeal to Step 2 the following Grievance alleging a Violation
of (but not limited to) the following: NATIONAL, (Art./Sec.)	•
10.00	
12 DETAILED STATEMENT OF FACTS/CONTENTIONS OF THE G	or called into the moo's
oblie u see mor () () and	steed of the state of the
The war O Lead who do of Ma	1.0 00 1 T 0 b
poleman seon wiker for 1/5	Jackson. 16 Che Visterslad
manual 113 Culton wh	at her limited duty claim
who develand Oar Tre	relat would not accomm-
orlate Ms Wilson with	light duly. On 1-5-95.
Ms () ilon in weed fer	sello the ist of
) Ala 11 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
O - Time and accepted	Claim # 050203373.
Crifile when date, 9115 C	Illoon (see allacked)
ist of prached papers as identified	`
3 CORRECTIVE ACTION REQUESTED M5. (Vilas	n for All'loss down of
and les to the or	25 A Dilari Ori
	The state of the s
2-33-03, grately 1/18 (1)	on a return in white on 1-2.
Just Hilson is be	note whole a very way.
L	1 X U S
-2-7-21-81 NO CARBON NECESSARY (UP TO 5 COPIES)	SIGNATURE & TITLE OF AUTHORIZED UNION RER.
·	A -00063

Case 1:05-cv-00073-JJF Document 34-3 Filed 02/23/2006 Page 22 of 48 Ackground: And a reaccu she plant The wrong de to on her claims to reflore, Ms Wilson whom given Claims # of 0302117326 Claim It with also denied! Vanley Ms (Silver Was offere on diel after of acco lufare a - ANd - The On 12-23-03, Ms. Wilom Was ordered by Ms A-000064

Document 34-3 Filed 02/23/2006 Case 1:05-cv-00073-JJF Ackground: Wuigley Not to - Vila gout in the there arieles 13, 2, 5, 8, 11, 15, 17, 19,31,37, FCAM, ELM, LMO4. out-right cleri for light duty a ngml. as) of 12-23-03, die No.1 Allow Ms Wilson in exercise her pleasie right to apple light duly acco 121-23-03, W Trendal imformed Mol she would - date M5 h It was at m establish land or / 1/1/ premises/clock. A-000065

Case 1:05-cv-00073-JJE Document 34-3 Filed 02/28/20066 Page 24 of \$8.

The Livin also Contends at Step Harmon allowed at their gob offer in M5 Wilson to work wheir gob offer in M5 Wilson of reason—

There are seined before M5.

Van trendal information on 12—

-23-03.

AMERICAN POSTAL WORKERS UNION, AFL-CIO GRIEVANCE Case 1:05-cv-00073-JJF Dagument 34-3 Filed 02/23/2006 Page 25 of ARM
1 DISCIPLINE INATURE OF OR CONTRACT USEUE CRAFT CLERK 2/21/04 # CL230204 # 04084651
2 D. K. Brown DP in DC 19850 PHONE
3 MTS/APWU P.O. Box 311 New Castle DE 1977 0
4 Courtiand Stinson (302)323-0211(302)322-8994
5 Steve Collins (302)323-0211 (302)322-8994
WHERE - WHEN STEP 1 MEETING & DECISION MET WITH
6 DATE TIME USPS REP - SUPR GRIEVANT AND/OR STEWARD
T STEP I DECISION BY (NAME & TITLE) DATE & TIME INITIALS INITIALIS UNITIALIS ONLY VERIFIES DATE OF DECISION
8 WILSON Mc LINCOLD DE ASHLEY DO NEWCASTLE DE 395-4854
9 2808 4-55 Crok & D 5 0 7-330 SA SUMT W T F
10 JOSEPAY LOCATION IUNITISECIBRISTAVOFCI WORK LOCATION CITY AND ZIP CODE 2/5 DE PANDOSSI 30 NO DNIM M SECURITY VETERAN 2/5 NO TES O NO TES D
Pursuant to Article 15 of the National Agreement we hereby appeal to Step 2010 Tollowing Grievance aleging a Violation of (but not limited to) the following: NATIONAL, (Art./Sec.)
LOCAL MEMO LARTISECT OTHER MANUALS, POLICIES, LIM MINUTES, ETC. 1000 LZ 833
12 DETAILED STATEMENT OF FACTS/CONTENTIONS OF THE GRIEVANT
The state of the s
Lease Court To Cl C to the Action
The going to change thereast with Alvol
for the period of 12/27/03 Thry
2/2/04. It is the Union's Contention
That since the GRIEVANT WAS tollowing MANAGER
Instructions The Time period in Question
Should be Apprinistrative Leave Employee
Sweeted Not Bo Charged Anol for Following Inst
ist of attached papers as identified CORRECTIVE ACTION REQUESTED
Employee Be made whole paid
Admin Leave for LWOP HOURS IN Chestion
Recredited Sick & Annual Ill Records
Reflect ADMIN Leve NOT AWOLG A-000067
NO CAPRON NECECCARY (118 TO E CORRECT SIGNATURE & TITLE OF AUTHORITED AINION REP.

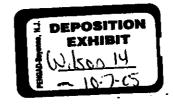
	05-cv-00073-JJF Documen	^{t 34-} Req	Lilest 98	23/2006	tificate	26 (9 f 481	sei	nce
POSTAL SERVICES Employee's Name (Last, First, 1)	Helinda G Social Sacurity No.		Submitted 5/03	Na. of Hours	Requested	Scheduled	PP (Year	3
Installation (For PM leave, show	City, state, and ZIP code)	S Day PayLo	D/A Code	From Date	14300	8	Sat	Inlt.	Hours
Wilmington		eached At (II no	aded)	Thru Date	Hour		01		
Time of Call or Requests	Scheduled Reporting Time Employee Can Ba R	ione ind the ferries	No Call	11-5	1550		Sun 02		
Type of Absence	Documentation (For official use only)	Revised Sch	edula for (Date)	Approved in	_		Mon 03		
☐ Annual	For FMLA Lasva (Certification reviews)			☐ Yes	∐ No		Tue 04		<u> </u>
Carrier 701 Rule	For COP Leave (CA1 on file)	Begin Work		<u> </u>		-	Wad	17	25
LWOP (See reverse)	For Advanced Sick Leave (1221 on file) For Military Leave (Orders reviewed)	Lunch-Out			- · · · · · · · · · · · · · · · · · · ·		/ Thur	17	125
Sick (See reverse)	For Court Lasve (Summons reviewed)	ļ		ENT	FDCD	<u> </u>	08,		
COP -ALL A	For Higher Level (1723 on file)	Lunch-In	<u> </u>		-UEN		FrI 07	1	<u> </u>
Other: MLH	Scheme Training Testing, Qualifying (Memo on file)	End Work		<u> </u>	IIVIS	\prod	Sat 08		
Remarks (Do not enter medica NO LUNG	Cĥ	Total Hours					Sun 09	 	
Lundamend that the appual	leave authorized in excess of amount available to	ent painub em c	leave year will	be changed	to LWOP.	1	Mon	1	†
14	Signature of Person Recording Absent	pa and Date Sig	inature of Sapen	G15	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-	10 Tue	 	 -
Mulle De	plication (Return copy of signed reque	st to emplo			7	-	11 Wed	 	
	Approved, FMLA Approved FMLA, Pendl	188	mature of Supe	rvisor and D	"/ - DZ		12	<u> </u>	<u> </u>
	(See Publication 71) Documentation Noted (n Reverse	mBus		6-05		Thur 13		<u> </u>
Disapproved (Give reasion)		<i>ي</i> رل		nued on Reve	/B @		Fri 14		
!neligible for FMLA (Estima		Haming: The G	mlahing of false			result	in a fine	af not a	nare
PS Form 3971 , April 200	1 (Page 1 of 2)	than \$	10,000 or impos	onment of not	more than 5 y	98/6, 0	r both. (1	8 U.S.C	2. 1001)



A 000068

Time of Call or Request Coll or Request On 09 Thro Date On 09 On 09 Thro Date On 09 On										-	DJC.	
Time of Call or Request Disability Decumentation For Officer Decumentation	's Name (Lost, first, MELIOASe 1	м.;) :05-cv-00073-JJF				No. of Ho 2/23/2	urs Requested 2006 F	Page	2.7	7 8f 4	18	Year
Observed Documentation For Official use only Annual For MLA Lawe (Certification or order) Annual For COP Leave (Certification or order) For Military Leave (Order) For M	n <i>(For PM leave, sli</i> DELAWARE P&DF	ow city, state and ZIP code)				i	C Hour D3 07:00	Schedig	Un- Schedul	26		2003
Type of Absence Annual Annual Annual Currier 701 Rule LWORD (See reverse) Corrier 701 Rule Lword (See Rule) For Millian (See Rule) Signature of Person Recording Absence and Date Lunch-In Earl Work Total Hours Signature of Supervisor and Date Npiffed LWOR Signature of Supervisor and Date Npiffed		, ,				1	Hour	Ľ		SAT	lnıt.	Hours
Caniter 101 Rule	hsence			Revised Schedu		Approved	in Advance			SUN	1	
Separation Sep			reviewed y		,	Yes	□ No			MON		
Luce h-Out For Court Lave (Summons reviewed) Luceh-Out End Work Court Higher Level (1722 on file) Court End Work Total Hours End Work	r	1 1		Begin Work				\Box		TUE		
Corr St Coher St Cohe	See reverse)			Lunch-Out	<u> </u>	·		 	-	WED	 	
End Work Total Hours I understand that the samual leave authorized in excess of amount available to me during the leave year will be changed to LWOP. Eggloyee's figniture and Date I understand that the samual leave authorized in excess of amount available to me during the leave year will be changed to LWOP. Eggloyee's figniture and Date Understand that the samual leave authorized in excess of amount available to me during the leave year will be changed to LWOP. Eggloyee's figniture and Date Signature of Supervisor and Date Signature of Supervisor and Date LEON Approved, FMLA Approved, FMLA Approved FMLA, Pending Signature of Supervisor and Date Disapproved (Give Reason): Disapproved (Give Reason): Include the firm of the samual of	1" FSC	(1)		Lunch-In	 			1		THU	 	
Official Action on Application (Insurance) of Signature of Person Recording Absence and Date Signature of Supervisor	<u>'</u>]	<u> </u>			-	X	FRI	10	8
Junderstand that the annual leave authorized in excess of amount available to me during the leave year will be changed to LWOP. Employee's fignature and Date Signature of Person Recording Absence and Date Signature of Supervisor and Date Neuffel		,			 					SAT	1713	
Signature of Person Recording Absence and Date Signature of Supervisor and Date Nptified Light				<u> </u>	L		· · · · · · · · · · · · · · · · · · ·	<u> </u>		รบท	 	
Oligest Action on Application (Italium copy of signed request to employer) Approved, and FMLA* Approved, FMLA Approved FMLA, Pending Secretary of Supervisor and Daily Disapproved (Give Reason) Disapproved (Give Reason) Confined on Reverse Disapproved (Give Reason) Confined on								-		MON	 	
Approved, not FMLA* (See Publication 71) Documentation Noted on Reverse Disapproved (Give Reason):	III A . 12	Signature of Person Recon	ting Absence and D)ate Signaturi	e of Supervisor and			-		TUE	 -	1.2
Approved, not FMLA* (See Publication 71) Disapproved (Give Reason): Inaligible for FMLA (Estimate eligibility date): During This Absence, I Was Incapacitated for Dury by: Sickness Undergoing Medical, Dental, or Optical Examination or Treatment (Job related) On-the-Job Injury Undergoing Medical, Dental, or Optical Examination or Treatment (Job related) Undergoing Medical, Dental, or Optical Examination or Treatment (Job related) Undergoing Medical, Dental, or Optical Examination or Treatment (Job related) Undergoing Medical, Dental, or Optical Examination or Treatment (Job related) Undergoing Medical, Dental, or Optical Examination or Treatment (Job related) Undergoing Medical, Dental, or Optical Examination or Treatment (Job related) Undergoing Medical, Dental, or Optical Examination or Treatment (Job related) Undergoing Medical, Dental, or Optical Examination or Treatment (Job related) Undergoing Medical, Dental, or Optical Examination or Treatment (Job related) Undergoing Medical, Dental, or Optical Examination or Treatment (Job related) Include The-Job Injury Undergoing Medical, Dental, or Optical Examination or Treatment (Job related) Include The-Job Injury Undergoing Medical, Dental, or Optical Examination or Treatment (Job related) Include The-Job Injury Undergoing Medical, Dental, or Optical Examination or Treatment (Job related) St. FMLA St.	tion on Application	n (Return vopy of signed request to an	mlovee)	ا به الم	Why	<u> </u>				WED	 	<u> </u>
Disapproved (Give Reason) Continued on Reverse Continued Continued on Reverse Continued on Reverse Continued Conti		Approved FMLA	Approved FMLA Pa	ending Signatur	e of Supervisor a	nd Daty	-1-27			THU	 	
During This Absence, I Was Incapacitated for Duty by: Sickness Undergoing Medical, Dental, or Optical Examination or Treatment (100 related) Pregnancy and Confinement Undergoing Medical, Dental, or Optical Examination or Treatment (Not job related) Pregnancy and Confinement Undergoing Medical, Dental, or Optical Examination or Treatment (Not job related) Pregnancy and Confinement Undergoing Medical, Dental, or Optical Examination or Treatment (Not job related) Pregnancy and Confinement Undergoing Medical, Dental, or Optical Examination or Treatment (Not job related) Sick Leave Type Time Card PSD Code Co Code Co Sick Leave for Dependent Care Placement of a Child with Employee Sick Leave for Dependent Care Placement of a Child with Employee Birth of Child - Bonding for Adoption or Foster Care LWOP - FMLA - Full Day 600 Sick Leave for Dependent Care Placement of a Child with Employee Birth of Child - Bonding for Adoption or Foster Care Protection Under FML/ Employee Not Eligible - Leas than 1230 Hours Worked LWOP - Fostonal Reasons 59/60 Absence Not for a Covered Condition Provided LWOP - Presonal Reasons 59/60 Absence Not for a Covered family Member LWOP - Maternity 59/60 Absence Not for a Covered family Member LWOP - Suspension Prending Termination 59/60 LWOP - Maternity 59/60 LWOP	•	(See Publication 71) Docum	entation Noted on R	cvere	9	12	2005			FRU	 	,
During This Absence, I Was Incapacitated for Duty by: Sickness During This Absence, I Was Incapacitated for Duty by: During This Absence, I Was Incapacitated for Duty by: During This Absence, I Was Incapacitated for Duty by: During This Absence, I Was Incapacitated for Duty by: During This Absence, I Was Incapacitated for Duty by: During This Absence, I Was Incapacitated for Duty by: During This Absence, I Was Undergoing Medical, Dental, or Optical Examination or Treatment (Not) be related) During This Absence, I Was Unavailable for Duty Because Sick Leave for Dependent Care I Placement of a Child with Employee Birth of Child - Bonding For Adoption or Foster Care Additional Information Regarding Dental of Leave Protection Under FML/ Employee Not Eligible - Leas than 1250 Hours Worked Demployee Has Exhausted FMLA Entitlement in Current Leave Year. Absence Not for a Covered Gondition. Absence Not for a Covered Gondition. Absence Not for a Covered Gamily Member. Requested Documentation Not Provided. Documentation Provided. Documentation Provided. Documentation Required Documentation Required Documentation Required Documentation of this information is authorized by 39 USC 401,1001, 01,1003, 50 USC 201,1001, 01,1003, 50 USC 201,1001, 01,1003, 50 USC 201,1001, 00,1003, 50 USC 201,1001, 01,1003, 50 U				_QX!!!	UCCC.				l		Щ	L
During This Absence, I Was Incapacitated for Duty by: Sickness Don-the-fob Injury Optical Examination or Treatment (Job related) Optical Examination or Treatment (Nor Job related) Optical Examination or Treat	ble for FMLA (Esti	nate eligibility date):	 .	-	Continued on f	Reverse						
During This Absence, I Was Incapacitated for Duty by: Sickness J Undergoing Medical, Dental, or Optical Examination or Treatment (Job related) On-the-Job Injury Optical Examination or Treatment (Not job related) On-the-Job Injury Optical Examination or Treatment (Not job related) On-the-Job Injury Optical Examination or Treatment (Not job related) On-the-Job Injury Optical Examination or Treatment (Not job related) On-the-Job Injury Optical Examination or Treatment (Not job related) On-the-Job Injury Optical Examination or Treatment (Not job related) Optical Examination or Freatment (Not	71. April 2001		War									
Optical Examination or Treatment (Job related) Off- the-Job Injury (Job related) Optical Examination or Treatment (Not job related) Optical Examination or Treatment (Not job related) Undergoing Medical, Dental, or Optical Examination or Treatment (Not job related) Undergoing Medical, Dental, or Optical Examination or Treatment (Not job related) Undergoing Medical, Dental, or Optical Examination or Treatment (Not job related) Undergoing Medical, Dental, or Optical Examination or Treatment (Not job related) Undergoing Medical, Dental, or Optical Examination or Treatment (Not job related) Undergoing Medical, Dental, or Optical Examination or Treatment (Not job related) Undergoing Medical, Dental, or Optical Examination or Treatment (Not job related) Undergoing Medical, Dental, or Treatment (Not job related) Undergoing Medical Examination or Treatment (No			nial or	Leave Ty	pes (Information (Only)			,	PP		Year
Pregnancy and Confinement Undergoing Medical, Dental, or Optical Examination or Treatment (Nor job related)	c-fob Injury	Optical Examination or T		Туре	1		PSDS Code	Scheduled	Scheduled	;		
Continue to the collection of this information is authorized by 39 USC 401,1001, 03, 1005; 5 USC 8319; and Public Law 103-3. This information will be used to an or leave do utery by unrequest for official laws for motors of Species and USPS 120.070 (see appendix of Administrative Support Manual or, if		ent [_] Undergoing Medical, Der					32	š			Init.	Hours
Sick Leave for Dependent Care Placement of a Child with Employee Birth of Child - Bonding For Adoption or Foster Care LWOP - Proffered 59/60		(Not job related)	LWO	P - FMLA - Part D			33 36	\dashv	\rightarrow	SAT		
Birth of Child - Bonding for Adoption or Foster Care							37 20			SUN	\longrightarrow	
Employee Not Eligible - Less than 1250 Hours Worked. Employee Not Eligible - Not Employed with USPS I Year. Employee Has Exhausted FMLA Entitlement in Current Leave Year. Absence Not for a Covered Condition. Absence Not for a Covered Family Member. Requested Documentation Not Provided. Documentation Provided. Does Not Meet Criteria for FMLA Protection Additional Documentation Required Documentation Required LWOP - UDI (Not FMLA) - OWCP 49 LWOP - Maternity 59/60 LWOP - Union Official 84 LWOP - Suspension 59/60 LWOP - Suspension 59/60 Continuation of Pay - USPS Termination 59/60 Continuation of Pay - USPS Continuation of Pay - USPS Continuation of Pay - USPS Tontinuation of Pay - FMLA-IOD-OWCP 49/04 Court Duty Military Leave 67 Postmaster's Organization 89 Termination 69 Continuation of Pay - FMLA-IOD-OWCP 49/04 Court Duty Military Leave 69 Continuation of Pay - USPS Continuation of Pay - USPS Tontinuation of Pay - USPS Tontinuation of Pay - USPS Tontinuation of Pay - USPS Continuation of Pay - USPS Tontinuation of Pay - USPS Tontinuation of Pay - USPS Tontinuation of Pay - USPS Continuation of Pay - USPS Continuation of Pay - USPS Continuation of Pay - USPS Tontinuation of Pay - USPS Tontinuation of Pay - USPS Tontinuation of Pay - USPS Continuation of Pay - USPS Tontinuation of Pay		for Adoption or Foster Ca	re LWO				21		['	MON		
Employee Not Eligible - Not Employed with USPS I Year. Employee Has Exhausted FMLA Entitlement in Current Leave Year. Absence Not for a Covered Condition. Requested Documentation Not Provided. Documentation Provided. Does Not Meet Criteria for FMLA Protection ddittonal Documentation Required Documentation Required Continuation of Pay - USPS 71 Continuation of Pay - USPS-FMLA 71/03 Continuation of Pay - USPS-7 Continuation of Pay - US		•			nş		22 23	1	1	LUE		
Employee Has Exhausted FMLA Entitlement in Current Leave Year. Absence Not for a Covered Condition. Absence Not for a Covered Family Member. S9/60 Requested Documentation Not Provided. Documentation Provided. Documentation Provided. Documentation Required S9/60 Documentation Required S9/60 Documentation Required S9/60 LWOP - Suspension S9/60 LWOP - Union Official S4 LWOP - Suspension Pending Termination S9/60 Continuation of Pay - USPS 71 Continuation of Pay - USPS	yet Not Eligible - I	Not Employed with USPS I Year.	LWO				23	\neg	Ī	WED	\Box	
Absence Not for a Covered Family Member. Requested Documentation Not Provided. Documentation Provided. Docs Not Meet Criteria for FMLA Protection Additional Documentation Required Documentation Provided Documentation Of Pay - USPS Toontinuation of Pay - USPS Continuation of Pay - USPS Toontinuation of Pa	oyee Has Exhausted	FMLA Entitlement in Current Leave \	Year, LWO	P - 10D (Not FML	A) -OWCP		· 24 25		7	THU		
LWOP - Union Official LWOP - Union Official LWOP - Union Official LWOP - Union Official LWOP - Suspension Pending Termination S9/60 Continuation of Pay - USPS 71 Continuation of Pay							26	-		FRI		
Termination 59/60 Continuation of Pay - USPS 71 Continuation of Pa			LWO	P - Union Official			27 28			SAT		
Continuation of Pay - USPS 71 Continuation of Pay - USPS-FMLA 71/03 Continuation of Pay - USPS-FMLA 71/03 Continuation of Pay - USPS-FMLA 71/03 Continuation of Pay - FMLA-IOD-OWCP 49/04 Court Duty 61 Military Leave 67 Postmaster's Organization 89 Continuation of Pay - FMLA-IOD-OWCP 49/04 Court Duty 61 Military Leave 67 Continuation of Pay - USPS-FMLA 71/03 Continuation of Pay - USPS-FMLA 71/03 Continuation of Pay - USPS Continuation of Pay - USPS Continuation of Pay - USPS 71 Conti			LWO.	•	ding	59/60	29		-	אט		
Continuation of Pay - FMLA-IOD-OWCP 49/04 Court Duty 61 Co	осинентапов кедо	ILEO				71	03		l-			
Military Leave 67 (Postmaster's Organization 89 (Dostmaster's Organization 89 (Other Paid Leave 86 (Dostmaster's Organization 89 (Other Paid Leave 86			Conti	nuation of Pay - FN			34 35	_	-	MON		
Postmaster's Organization 89 Convertion of this information is authorized by 39 USC 401,1001, 03, 1005; 5 USC 8339; and Public Law 103-3. This information will be used to not or deny your request for official leave from Postal Service duty. It may be closed under the routine uses given in Privacy Act system notices USPS 0.020 and USPS 120.070 (see appendix of Administrative Support Manual or, if				•			04		, T	TUE		
ivacy Act: The collection of this information is authorized by 39 USC 401,1001, and public Law 103-3. This information will be used to convention for official leave from Postal Service duty. It may be closed under the routine uses given in Privacy Act system notices USPS 0.020 and USPS 120.070 (see appendix of Administrative Support Manual or, if Veteran's Funeral 86			Postm	aster's Organizatio	n		05 08		V	WED	T	
03. 1005; 5 USC 8339; and Public Law 103-3. This information will be used to untor deny your request for official leave from Postal Service duty. It may be closed under the routine uses given in Privacy Act system notices USPS 0.020 and USPS 120.070 (see appendix of Administrative Support Manual or, if Veteran's Funeral 86 1	The collection of th	is information is authorized by 39 USC	401.1001.				09		Ī	LHO		
closed under the routine uses given in Privacy Act system notices USPS 0.020 and USPS 120.070 (see appendix of Administrative Support Manual or, if Veteran's Funeral 86	USC 8339; and Pub	olic Law 103-3. This information will b	be used to				10				-+	
in a series of the apparents of the following the pupper the filler of the	r the routine uses g	iven in Privacy Act system notices USF	PS Acts o			78	13					
			JIUM 01, 11				10					
mpletion of this form is voluntary. If this information is not provided, official Civit Defense 77	f this form is volun	tary. If this information is not provide	led, official Civil (16					
ve may not be granted. Civil Disorder 81	be granted.		T I				17 18					
mpletion of this form is voluntary. If this information is not provided, official Civil Defense	your request for offi or the routine uses g ISPS 120.070 (see a stain a copy of these I this form is volun	icial leave from Postal Service duty. It iven in Privacy Act system notices USI appendix of Administrative Support Ma motices contact your personnel office).	may be Acts of Acts of Relocated, official Civil I	ention Leave of God on's Funeral ation Defense		66 78 86 80 77	12 13 10 15 16		F	RI		

PS Form 3971, April 2001 (Reverse)



A-000069

6/3

	show city, state, and ZIP code)			Loc # DIA Cad		Hour	, ch		Day	ini,	
	5-06-000735-JUF	Document	34-35 2	iked 10/21/2	23/ 20 06y	Page	2 428	3 of	48		Hou
Time of Call or Request	Scheduled Reporting Time				Thru Date T			<u> </u>	01	<u> </u>	ļ
	15100	2		No Call	18.512	1 155	<u>بر</u>	İ	Sun 02		ł
Type of Absence	Documentation (For official	l use only)	Revised Sc	hedule for (Date				1	Mon		
Annual	FOI FMLA LEBVE (CET	Ification reviews	31		☐ Yes	☐ No	-		Tue	<u> </u>	╁ <u></u>
Carrier 701 Rule	For COP Leave (CA1	on file)	/					-	04	Ì	•
LWOP (See raverse)	For Advanced Sick Lea	sve (1221 on file)	Begin Work	·				1	Wad		1
Sick (See reverse)	For Military Leave (Oro	fert reviewed)	Lunch-Out				_	+	05		╄
Late	For Court Leave (Sum	mana reviewed)]	Thur 06		
COP	For Higher Level (1723	on file)	Lunch-in	ľ	10			1-	FrI		-
Other EMIA	_ Scheme Training Testing	Qualifying (Memc on file	End Work	1	~	\	7_	- -:	07		<u> </u>
Remarks (Do not antar me	dical information)			 		<u> </u>			(Sal (08)		
			Total Hours		2	25			Sun		
	seeske ni bezironitup evael inu			leeve year wil	to change	WOP.	_	-	Man		
Employee's Signature and	Date /2//2/03 Signature of	Person Recording Abase	roe and Date Sk	pretuge of Suipe	rvisor and Date	Notifed	7	i l	10		ļ
Melinda	Dole War			He ha	10/10/10/10/10	1403			Tue		
Official Action on I	Application (Return cop	y of signed requi	est to emplo	yee)				- 	Mad		
Approved, not FMLA*	Approved, FMLA	Approved FMLA, Pend	ing St	Indure of Sup	ervisor and Da	to			12		
-	(See Publication 71)	Documentation Noted		2000		2-15-7	שלכ		Thur		
☐ Disapproved (Give reas	16n):		H	111180	cai		2	, 	13	~~	٠.,
Incligible for FMLA (Est	timate eligibility date);			☐ Coni	inuad on Ravan	19	ЫQ	4 】	X	Dχ	5
'S Form 3971, April 2	001 (Page 1 of 2)	· · · · · · · · · · · · · · · · · · ·	Warning: The fu	missing of falce	Information on	this form m		/	2 (100 0)	50.45	~
					conment of not r						
							•	•			
							•				
****	•			•							
UNITED STATES	· <u>·</u>		Regu	uest for	or Noti	ficatio	an i	of <i>i</i>	Δhe	en	~ _
POSTAL SERVICE		Social Security No.			or Noti		on (се
		Social Security No.	Requ		or Noti		on o	of A			ce ~
POSTAL SERVICE PROJECTS Name (Last, First, ULS 19		2808	Date Su	tmitted 17/03	No. of Hours Re	Quested	Cukulan.		2/Y°	at O	<u> </u>
POSTAL SERVICE PROVOC'S Name (Last, First, ULS 19	. <i>M.L.</i> ;	2808	Date Su		No. of Hours Re	quested	retailed	Schethusd 2	yo y iay In	at O	ce Ż
POSTAL SERVICE Sloyee's Name (Last, First, WASTA J. Y. Billation (For PM/eave, sac. Lir L.M.	M.I.; (4) W city, state, and ZIP code)	2808	Date Sy 12/. Day Payloc 1-3 2/5	bmitted 17 / 03 # D/A Code	No. of Hours Re	quested our	Cukulan.		yo iay in	at O	<u> </u>
POSTAL SERVICE Noyee's Name (Last, First, VISTA 1994) Illiation (For PM/eave, sac	M.L.; (4) Of city, state, and ZIP code) E / 7850 /	2808 EP+DC 5	Date Sy 12/2 Day Pay Loc Control Day Pay Loc Control Day Day Loc Control Day Loc Day L	brnitted 17 /03 * D/A Code fed)	No. of Hours Re From Date Ho Thru Date Ho	quested	Cukulan.	Scheduled D Scheduled	ye iay in	at O	<u> </u>
POSTAL SERVICE Noyee's Name (Last, First,) Silation (For PM Jeave, sac Life Lime) of Califor Request	M.L.; (4) Of city, state, and ZIP code) E / 7850 /	Employee Can Be Ra	Date Su 12/ Day Pay Loc 1-3 2/5 ached At (If need	bmittad 17 / 03 # D/A Code # ded) No Call	No. of Hours Re From Pate Ho 17/7 Third Date Ho	quested Our // O	Cukulan.	Schedulad	iay in	at O	<u> </u>
POSTAL SERVICE Novee's Name (Last, First, Silation (For Phyleavo, sage Bot Call or Request a of Absence	M.I.; (9) w city, state, and ZIP code) Scheduled Reporting Time	Employee Can Be Re	Date Sy 12/2 Day Pay Loc Control Day Pay Loc Control Day Day Loc Control Day Loc Day L	bmittad 17 / 03 # D/A Code # ded) No Call	From Pato Ho From Pato Ho Thru Data Ho (2/7)	our // D	Cukulan.	Scheduled D Scheduled	izy in	at O	<u> </u>
POSTAL SERVICE Novee's Name (Last, First, Silation (For Phyleavo, sac of Catt or Request of Absence	M.I.; (9) Scheduled Reporting Time Documentation (For afficial use X For FMLA Leave (Certifics	Employee Can Be Re	Date Su 12/ Day Pay Loc 1-3 2/5 ached At (If need	bmittad 17 / 03 # D/A Code # ded) No Call	No. of Hours Re From Pato Ho Thru Data Ho (2/7)	quested Our // O	Cukulan.	Scheduled Co. Sc	Yes in all all all all all all all all all al	at O	<u> </u>
POSTAL SERVICE Player's Name (Last, First, Player's Name (M.I.; Solution State, and ZIP code) Scheduled Reporting Time Documentation (For official use) For FMLA Leave (Certifical Displayers) For COP Leave (CA1 on fi	Employee Can Be Re on'y) (tion review of A	Date Su 12/ Day Pay Loc 1-3 2/5 ached At (If need	bmittad 17 / 03 # D/A Code # ded) No Call	From Pato Ho From Pato Ho Thru Data Ho (2/7)	our // D	Cukulan.	Schethusd Schethusd Schethusd Schethusd Schethusd Schethusd	Year Year And Year An	at O	<u> </u>
POSTAL SERVICE Noyee's Name (Last, First, Value of Call or Request of Call or Request of Absence Annual Lamer 701 Rule WOP (See reverse)	M.I.; Scheduled Reporting Time Scheduled Reporting Time	Employee Can Be Re on'y) Ition review(a) (1221 on Me)	Date Su 12/ 10ay Pay Loc 2 Pay Loc 3 Pay Loc 4 Pay Loc 6 Pay Loc 7 Pay Loc 8	bmittad 17 / 03 # D/A Code # ded) No Call	From Dato Ho	quested Our // @ Sur Sur Sur Sur Na	Cukulan.	25 25 25 25 25 25 25 25 25 25 25 25 25 2	ye ye in al	at O	<u> </u>
POSTAL SERVICE Noyee's Name (Last, First, Illation (For PM/earo, sac sof Call or Request of Absence Annual Camer 701 Rule .NOP (See reverse) sick (See reverse)	M.I.; Scheduled Reporting Time Scheduled Reporting Time Documentation (For afficial use For FMLA Leave (Certification for COP Leave (CAT on for For Advanced Sick Leave) For Military Leave (Orders	Employee Can Be Re on'y) (tion review(a) 76 (1221 on Me) review(d)	Date Su 12/, 1 Day Pay Loc 2-3 Z/ ached At (If need	bmittad 17 / 03 # D/A Code # ded) No Call	From Dato Ho	quested Our // @ Sur Sur Sur Sur Na	Cukula.	Schedulad Schedu	ye ye in all	at O	<u> </u>
POSTAL SERVICE Noyee's Name (Last, First, Valuation (For PM/eave, sac a of Call or Request a of Absence Annual Camer 701 Rule WOP (See reverse) Sick (See reverse)	M.I.; Scheduled Reporting Time Scheduled Reporting Time Documentation (For afficial use For FMLA Leave (Certification of For COP Leave (CA) on fill For Advanced Sick Leave For Military Leave (Orders) For Court Leave (Summon	Employee Can Be Re e on'y) tilon review (a) (1221 on Me) reviewed) is reviewed)	Date Su 12/ 10ay Pay Loc 2 Pay Loc 3 Pay Loc 4 Pay Loc 6 Pay Loc 7 Pay Loc 8	bmittad 17 / 03 # D/A Code # ded) No Call	From Dato Ho	our // D	Cukula.	C C C C C C C C C C C C C C C C C C C	you	at O	<u> </u>
POSTAL SERVICE Novee's Name (Last, First, Planton (For PM earo, sac and Call or Request and Absence Annual Camer 701 Rulis WOP (See reverse) Sick (See reverse)	M.I.; Scheduled Reporting Time Scheduled Reporting Time Documentation (For afficial use For FMLA Leave (Certifica For COP Leave (CA1 on fi For Advanced Sick Leave For Military Leave (Orders For Court Leave (Summon	Employee Can Be Re e on'y) tilon reviewedy (1221 on Me) reviewed) (188)	Date Su 12/ 10 Day Pay Loc 1-3 Z ached At (If need Revised Sched Begin Work Lunch-Out Lunch-In	bmittad 17 / 03 # D/A Code # ded) No Call	From Dato Ho	quested Our // @ Sur Sur Sur Sur Na	Cukula.	Schedulad Schedu	P Yeo	at O	<u> </u>
POSTAL SERVICE Novee's Name (Last, First, Billation (For PM/earo, sac Bot Call or Request Bot Absence Annual Camer 701 Rule WOP (See reverse) Sick (See reverse) Late COP	M.I.) Scheduled Reporting Time Scheduled Reporting Time Documentation (For official use) For FMLA Leave (Certifical Description of the property of the pro	Employee Can Be Re e on'y) tilon reviewedy (1221 on Me) reviewed) (188)	Date Su 12/ 10 Day Pay Loc 1-3 Z ached At fit need Revised Sched Begin Work Lunch-Out	bmittad 17 / 03 # D/A Code # ded) No Call	From Dato Ho	quested Our // @ Sur Sur Sur Sur Na	Cukula.	E S S S S S S S S S S S S S S S S S S S	Year Year Year Year Year Year Year Year	at O	<u> </u>
POSTAL SERVICE Novee's Name (Last, First, Billation (For PM/earo, sac Bot Call or Request Bot Absence Annual Camer 701 Rule WOP (See reverse) Sick (See reverse) Late COP	M.I.) Scheduled Reporting Time Scheduled Reporting Time Documentation (For official use) For FMLA Leave (Certifical Description of the property of the pro	Employee Can Be Re e on'y) tilon reviewedy (1221 on Me) reviewed) (188)	Date Su 12/ 10 Day Pay Loc 1-3 Z ached At (If need Revised Sched Begin Work Lunch-Out Lunch-In	bmittad 17 / 03 # D/A Code # ded) No Call	From Dato Ho	quested Our // @ Sur Sur Sur Sur Na	Cukula.	53 S S S S S S S S S S S S S S S S S S S	P Yee	at O	<u> </u>
POSTAL SERVICE ployee's Name (Last, First, sollation (For PM Jears, Sho e of Calf or Request sol Absence Annual Camer 701 Rule LWOP (See reverse) Sick (See reverse) Lete COP Other Marks (Do not enter medical	M.L.; (9) Welly, state, and ZIP code) Scheduled Reporting Time Cocumentation (For official use) For FMLA Leave (Certifical For COP Leave (CAT on fill) For Advanced Sick Leave For Military Leave (Orders) For Court Leave (Summon) For Higher Level (1723 on in Scheme Training Testing, Qual Information)	Employee Can Be Re s on'y) Illon reviewed() (1721 on Me) reviewed) Re) alliying (Heno on Me)	Dete Su 12/ 10 Day Pay Loc 1-3 2 5 ached At (If need Revised Sched Begin Work Lunch-Out Lunch-In End Work Total Hours	tenitad 17 / 03 * D/A Code * D/A Code No Call uile for (Date) /	No. of Hours Re	our // O our	Cukula.	E S S S S S S S S S S S S S S S S S S S	Yeo Yeo	at O	<u> </u>
POSTAL SERVICE ployee's Name (Last, First,	M.I.; (9) Welly, state, and ZIP code) Scheduled Reporting Time Conducted Reporting Time Conducted Reporting Time Conducted Reporting Time For FMLA Leave (Certification of the Code Leave (Cartification) For Advanced Sick Leave For Military Leave (Orders) For Court Leave (Summon of the Code Leave (Summon of the Code Leave (Information) Information)	Employee Can Be Re s on'y) Ition reviewed (1721 on Me) (1721 on Me) reviewed) Re) altiying (Meno on Me)	Dete Su 12/ 3 Day Pay Loc 3 Day Pay Loc 3 Day Pay Loc 4 Day Pay Loc 6 Da	throited 17 / 03 * D/A Code Ind No Call Ule for (Date)	No. of Hours Re From Page Ho Third Date Ho Approved in Ad.	quested Pur I a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B	Cukula.	Control Cont	your land	at O	<u> </u>
POSTAL SERVICE playee's Name (Last, First, playee's Name (M.I.; (9) Welly, state, and ZIP code) Scheduled Reporting Time Conducted Reporting Time Conducted Reporting Time Conducted Reporting Time For FMLA Leave (Certification of the Code Leave (Cartification) For Advanced Sick Leave For Military Leave (Orders) For Court Leave (Summon of the Code Leave (Summon of the Code Leave (Information) Information)	Employee Can Be Re s on'y) Illon reviewed() (1721 on Me) reviewed) Re) alliying (Heno on Me)	Dete Su 12/ 3 Day Pay Loc 3 Day Pay Loc 3 Day Pay Loc 4 Day Pay Loc 6 Da	throited 17 / 03 * D/A Code Ind No Call Ule for (Date)	No. of Hours Re From Page Ho Third Date Ho Approved in Ad.	quested Pur I a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B	Cukula.	Sample Color Col	you you want and	at O	<u> </u>
POSTAL SERVICE playee's Name (Last, First, WISTAN (M.I.; Scheduled Reporting Time Scheduled Reporting Time Consumerisation (For afficial use) For FMLA Leave (Certifical Use) For COP Leave (CA f on file) For Advanced Sick Leave For Military Leave (Orders) For For Court Leave (Summon) Scheme Training Testing, Quil Information)	Employee Can Be Re Employee Can	Dete Su 12/ 1 Day Pay Loc 2 Pay Loc 3 Pay Loc 4 Pay Loc 4 Pay Loc 6 Pay Loc 6 Pay Loc 7 Pay Loc 8 Pay Loc	# D/A Code # D/A Code # D/A Code	No. of Hours Re From Page Ho Third Date Ho Approved in Ad.	quested Pur I a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B	Cukula.	Control Cont	you you want and	at O	<u> </u>
POSTAL SERVICE ployee's Name (Last, First, White plants of the plants o	M.I.; Solution of the control of th	Employee Can Be Re e on'y) Ition review(a) Action (1221 on Me) reviewed) its reviewed) file) emount evaluable to m son Recording Absence a	Dete Su 12/ 1 Day Pay Loc 2 Pay Loc 3 Pay Loc 4 Pay Loc 4 Pay Loc 6 Pay Loc 6 Pay Loc 7 Pay Loc 8 Pay Loc	the year will be	No. of Hours Re From Date Ho Approved in Ad-	quested Pur I a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B	Cukula.	San Color	you in all and	at O	<u> </u>
POSTAL SERVICE Poloyee's Name (Last, First, William (For Phylearo, sac e of Call or Request a of Absence Annual Camer 701 Rule WOP (See reverse) Sick (Sae reverse) Lete COP Chief MI Desired (Do not enter medical derstand that the annual loyee's Signature and Oat MUMA (MI) Control on Ap	M.I.; Solution of the state of	Employee Can Be Re e on'y) (flon reviewed) (flon reviewed) (flon and the) reviewed) (flon and the) minute wed) (flon and the and the) emount evaluable to we son Recording Absence and the and	Date Su 2/ Day Pay Loc 3 Day Pay Loc A Surface Surface Revised Screed Begin Work Lunch-Out Lunch-Out Lunch-Out End Work Total Hours and during the loc and Date Signat	the year will be	No. of Hours Re From Page Ho Third Date Ho Approved in Ad.	quested Pur I a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B	Cukule.	81000 C Santon C Sant	your land	at O	<u> </u>
POSTAL SERVICE ployee's Name (Last, First, polyee's Name (Last, polyee's	M.I.; Scheduled Reporting Time Scheduled Reporting Time Scheduled Reporting Time Dogumentation (For afficial use) For FMLA Leave (Certifical Use) For COP Leave (Cartifical Use) For Advanced Sick Leave For Military Leave (Orders) For Ourt Leave (Summon) For Migher Level (1773 on in information) Isave authorized in excess of information Separature of Particular Copy of Approved, FMLA [] App. (See Publication 71)	Employee Can Be Re e on'y) Ition review(a) Action (1221 on Me) reviewed) its reviewed) file) emount evaluable to m son Recording Absence a	Date Su 2/ Day Pay Loc 3 Day Pay Loc A Surface Surface Revised Screed Begin Work Lunch-Out Lunch-Out Lunch-Out End Work Total Hours and during the loc and Date Signat	the year will be	No. of Hours Re From Date Ho Approved in Ad-	quested Pur I a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B a Pu	Cukule.	San Color	your land	at O	<u>.</u>
POSTAL SERVICE Novee's Name (Last, First, Market (Last, First, Market (Last) Indiation (For PM/earo, sac Indiatio	M.I.; Solution of the control of th	Employee Can Be Re e on'y) (flon reviewed) (flon reviewed) (flon and the) reviewed) (flon and the) minute wed) (flon and the and the) emount evaluable to we son Recording Absence and the and	Date Su 2/ Day Pay Loc 3 Day Pay Loc A Surface Surface Revised Screed Begin Work Lunch-Out Lunch-Out Lunch-Out End Work Total Hours and during the loc and Date Signat	the year will be a supply to year.	No. of Hours Reference Parce Hours Reference Parce Hours Hours Hours Hours Hours Hours Reference Parce Hours Parce Hours Parce Hours Parce	quested Pur I a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B a B a Pur B a Pu	Cukule.	Salar Control Contro	your land land land land land land land land	at O	<u> </u>
POSTAL SERVICE playee's Name (Last, First, playee's Name (M.I.; Scheduled Reporting Time Scheduled Reporting Time Concurrentation (For afficial unity) For FMLA Leave (Certification of For COP Leave (CAT on fill) For Advanced Sick Leave For Military Leave (Orders) For Court Leave (Summon of For Higher Level (1723 on it) Scheme Training Testing, Qualitation of Participation) Isave authorized in excess of Participation (Return copy of Approved, FMLA of App	Employee Can Be Re e on'y) Ition reviewed/ Ition review	Dete Su 2/ Day Pay Loc 3 Day Pay Loc -3 Z Revised Sched Revised Sched Begin Work Lunch-Out Lunch-Out Lunch-In End Work Total Hours and during the (s) and Date Signat to employe Reverse	the year will be a supervised of	From Date He From Date He (2) The Date He Company of the Company o	our // a) Sur // a) No // a)	Scheduled	50 50 50 50 50 50 50 50 50 50 50 50 50 5	your land land land land land land land land	of State of	<u> </u>
POSTAL SERVICE ployee's Name (Last, First, USA 1999 eliation (For PM Jearo, Sac sol Call or Request e of Absence Annual Camer 701 Rule LNOP (See reverse) Sick (Sae reverse) Lete COP Other Management of the annual ripype's Signature and Oat Medical Medi	M.I.; Scheduled Reporting Time Scheduled Reporting Time Concurrentation (For afficial unity) For FMLA Leave (Certification of For COP Leave (CAT on fill) For Advanced Sick Leave For Military Leave (Orders) For Court Leave (Summon of For Higher Level (1723 on it) Scheme Training Testing, Qualitation of Participation) Isave authorized in excess of Participation (Return copy of Approved, FMLA of App	Employee Can Be Re e on'y) Ition reviewed/ Ition review	Dete Su 2/ 3 Day Pay Loc 3 Day Pay Loc 3 Day Pay Loc 4 Day Pay Loc Revised Scned Begin Work Lunch-Out Lunch-Out Lunch-Out Lunch-Out Lunch-Out Signat Total Hours and during the (second Date Signat To cripicyte Reverse Compicyte Compic	the year with the strength of fairs information in the strength of the strengt	From Date He From Date He (2) The Date He Company of the Company o	And the state of t	Participants (Salar Sala	year in	True	



imployee's Name (Lust, first, ILSON, MELINDA G	M.f.)	Social Security N 221-52-2808	o. Date Submitt 12/18/2		iours Requested 8.00	n e	pled	PP 1		Year 2004
nstallation (Fur PM leave, sh -6821 - DELAWARE P&DI	Pw city, state and ZIP code)		N/S Day Pay Loc. #	D/A Code From D 11-0 12/18/	ate Hour 2003 07:00	Scheduled	Un- Scheduled	Day	Init.	Hours
		Employee Can Br	Reached At (If needed)	Thru D	ite Hour	T.	1	SAT		
ime of Call or Request 06:05	Scheduled Reporting Time 07:00			No Call 12/18/				SUN	1	
ype of Absence	Documentation (For official use of	undy)	Revised Schedule for (I		ed in Advance		 	ļ	 	
Annual	For FMLA Leave (Certifica	tion review[dD/C/	<u> </u>	\	es No			MON		
Carrier 701 Rule	For COP Leave (CAI un file For Advanced Sick Leave (1221 on file)	Begin Work					TUE	1 1	ı I
LWOP (See reverse)	For Military Leave (Orders	reviewed)	Lunch-Out			1	Ι""	WED	\Box	
Sick (See reverse)	For Court Leave (Summons For Higher Level (1723 on	reviewed) film	Luicifout	<u></u>			x	THU	11	. 8
j cor	Scheme Training Testing, C	Jualifying <i>(Memo on fi</i>	le Lunch-In				ļ <u> </u>	 	12/1	
NOther: SL			End Work			L		FRJ	<u> </u>	
marks (Do not enter medica OT IOD; FMLA LEAVE	information)	•	<u> </u>			-		SAT		ĺ
RH			Total Hours			_		SUN		
understand that the unnu-	l leave authorized in excess of am	ount available to me	during the leave year will	be changed to LW(or.	_}	 -	MON	┼─┤	
mployee's Signature and Da		ecording Absence and	Date Signature of Su	pervisor and Pale N	ofilied	_	 	TUE		
			₩. Q. Q.	O RIVE	<i>6</i> 3	ļ	ـــ	∔ —	↓	ļ
Melendit	10 C	to employee)	N. C. P.	200			į	WED	<u>L</u> _	<u>L</u>
	on (Return copy of signed request	Approved FMLA,	Banding Sireature of S	upervisor and Date	- J.		-	THU	Γ.	
Approved, not FMLA*	Approved, FMLA (See Publication 71) Do	ocumentation Noted or		10.1	2-18-0.	3	 	FRJ	1	
Ineligible for FMLA (Es	timate eligibility date):	w	arning: The furnishing of than \$10,000 or	of false information of imprisonment of not	n this form may re: more than 5 years,	sult in a or both.	fine of (18 U	not more S.C. 1001	 ,	
										
During Thic Abrence 1 Was	Incapacitated for Duty by:		Leave Types (Information Only)			! .	ļ pp	Ţ	Year
During This Absence, 1 Was Sickness Onable Job Injury	Incapacitated for Duty by: Undergoing Medica Optical Examinatio	al, Dental, or Le	Leave Types (Time C	ard PSDS Code	reduleti	Un-		 	Year
Sickness On-the-Joh Injury Off- the-Joh Injury	Undergoing Medica Optical Examinatio (Joh related)	n or Treatment	ave Type		Code	Scheduleri	Un-	Day	Init.	Year
Sickness On-the-Joh Injury	Undergoing Medics Optical Examinatio (Joh related) ement : Undergoing Medics	n or Treatment		Tinse C Cod 55/	Code 01 32 02 33	Scheduled	Un-		Init.	
Sickness On-the-Joh Injury Off- the-Joh Injury	Undergoing Medica Optical Examinatio (Joh related)	n or Treatment oi, Dental, or on or Treatment L	ave Type L. FMLA L. FMLA WOP - FMLA - Part Day	Tinse C Cod 55/ 56/ 59/	e <u>Code</u> 01 32 02 33 05 36	Scheduled	Un-	Day	Init.	
Sickness On-the-Joh Injury Off- the-Job Injury Pregnancy and Confin	Undergoing Medica Optical Examinatio (Joh related) ement : J Undergoing Medica Optical Examinatio (Not job related) Unavailable for Duty Because	n or Treatment al, Denial, or n or Treatment L	L-FMLA	Tinse C Cod 55/	Code 01 32 02 33 05 36 06 37	Schedulet	Ch.	Day SAT SUN	Init.	
Sickness On-the-Joh Injury Off- the-Joh Injury Pregnancy and Confine During This Absence, I Was	Undergoing Medice Optical Examinatio (Joh related) ement : Undergoing Medice Optical Examinatio (Not job related) Unavailable for Duty Because lent Care Placement of a Chil	al, Dental, or a s l l l l l l l l l l l l l l l l l l	L- FMLA L- FMLA WOP - FMLA - Part Day WOP - FMLA - Full Day WOP - Lieu of Sick Lenve WOP - Proffered	Tinse C Cod: 55/ 56/ 59/ 60/ 59/ 59/	Code 01 32 02 33 05 36 06 37 60 20 60 21	Scheduieel	Un-	Day SAT SUN MON	lnit.	
Sickness On-the-Joh Injury Off- the-Joh Injury Pregnancy and Confid During This Absence, 1 Was Sick Leave for Depen	Undergoing Medice Optical Examinatio (Joh related) ement : Undergoing Medice Optical Examinatio (Not job related) Unavailable for Duty Because lent Care Placement of a Chil	al, Dental, or or Treatment Id with Employee teter Care Inder FML/	L-FMLA L-FMLA WOP - FMLA - Part Day WOP - FMLA - Full Day WOP - Lieu of Sick Leave WOP - Proffered WOP - Personal Reasons	Time C Cod 55/ 56/ 59/ 60/ 59/	Code 01 32 02 33 05 36 06 37 60 20 60 21	Scheduierl	California	Day SAT SUN	lait.	·
Sickness On-the-Joh Injury Off- the-Joh Injury Pregnancy and Confid During This Absence, I Was Sick Leave for Depen Birth of Child - Bondi Additional Information Regi	Undergoing Medice Optical Examinatio (Job related) ement : J Undergoing Medice Optical Examinatio (Not job related) Unavailable for Duty Because lent Care Plucement of a Chiling for Adoption or Fording Denial of Leave Protection U	n or Treatment al, Dental, or n or Treatment L L L L L L L L L L L L L	L- FMLA L- FMLA WOP - FMLA - Part Day WOP - FMLA - Full Day WOP - Lieu of Sick Lenve WOP - Proffered	Time C Cod 55/ 56/ 59/ 60/ 59/ 59/ 59/ 59/ 60	Code 1 32 102 133 105 136 106 137 160 120 160 17 160 17 180 180 180 180 180 180 180 180 180 180	Scheduieri	Ch.	Day SAT SUN MON	Init.	
Sickness On-the-Joh Injury Off- the-Joh Injury Pregnancy and Confin Ouring This Absence, I Was Sick Leave for Depen Birth of Child - Bondi Additional Information Regt Employee Not Eligibl	Undergoing Medica Optical Examinatio (Joh related) ement : J Undergoing Medica Optical Examinatio (Not job related) Unavailable for Duty Because lent Care Flucement of a Chiling for Adoption or For- rding Deniul of Leave Protection U e. Less than 1250 Hours Worked. E. Not Employed with USPS I Yea	n or Treatment al, Dental, or n or Treatment L dd with Employee ster Care nder FML/ L L L	L-FMLA L-FMLA WOP - FMLA - Part Day WOP - FMLA - Full Day WOP - Lieu of Sick Leave WOP - Personal Reasons WOP - Part Day WOP - Full Day WOP - Full Day WOP - AWOL	Time C Cod. 55/ 56/ 59/ 59/ 59/ 59/ 59/ 59/ 59/ 59/ 59/ 59	Code 01 32 02 33 05 36 06 37 660 20 600 21 600 22 23 23 23 23	Scheduled	Un-	SAT SUN MON TUE	Init.	·
Sickness On-the-Job Injury Off-the-Job Injury Pregnancy and Confin During This Absence, I Was Sick Leave for Depen Birth of Child - Bondi Additional Information Regt Employee Not Eligibl Employee Hos Exhau	Undergoing Medica Optical Examinatio (Joh related) ement : J Undergoing Medica Optical Examinatio (Not job related) Unavailable for Duty Because lent Care Placement of a Chil ng for Adoption or For rding Denial of Leave Protection U e - Less than 1250 Hours Worked. - Not Employed with USPS I Yea and FMLA Entitlement in Current I	n or Treatment al, Dental, or n or Treatment L L L L L L L L L L L L L	L. FMLA L. FMLA - Part Day WOP - FMLA - Full Day WOP - Lieu of Sick Lenve WOP - Proffered WOP - Personal Reasons WOP - Part Day WOP - Full Day	Time C Cod. 55/ 56/ 59/ 59/ 59/ 59/ 59/ 60 59/ 00/ 59/ 60/ 59/ 60/ 59/ 59/ 59/ 59/ 60/ 59/ 60/ 59/ 59/ 60/ 59/ 60/ 59/ 60/ 59/ 60/ 60/ 60/ 60/ 60/ 60/ 60/ 60/ 60/ 60	Code 01 32 02 33 05 36 06 37 60 20 60 21 60 22 23 23 23 60 24 25	Scheduled	Ulli-	Day SAT SUN MON TUE WED THU	Init.	
Sickness On-the-Joh Injury Off- the-Joh Injury Pregnancy and Confine Sick Leave for Depen Birth of Child - Bondi Additional Information Regi Employee Not Eligibl Employee Not Eligibl Employee Has Exhau Absence Not for a Co Absence Not for a Co	Undergoing Medica Optical Examinatio (Joh related) I Undergoing Medica Optical Examinatio (Not job related) Unavailable for Duty Because lent Care Plucement of a Chil for Adoption or For rding Denial of Leave Protection U Less than 1250 Hours Worked. Not Employed with USPS t Yea teed FMLA Entitlement in Current I vered Condition. Vered Family Member.	al, Dental, or an or Treatment L.	L-FMLA WOP - FMLA - Part Day WOP - FMLA - Full Day WOP - Lieu of Sick Leave WOP - Proffered WOP - Personal Reasons WOP - Part Day WOP - Full Day WOP - AWOL WOP - IOD (Not FMLA) WOP - Suspension	Time C Cod 55/ 56/ 59/ 60/ 59/ 59/ 59/ 60 59/ 60 59/ 60/ 59/ 60/ 59/ 60/ 59/ 59/ 59/ 59/ 59/ 59/ 59/ 59/ 59/ 59	Code 01 32 02 33 05 36 06 37 660 20 660 21 660 22 23 23 260 24 25 660 26 660 27	Scheduter	-00	Day SAT SUN MON TUE WED THU FRI	lnit.	
Sickness On-the-Joh Injury Off- the-Joh Injury Off- the-Joh Injury Pregnancy and Confin Pregnancy and Confin Birth of Child - Bondi Additional Information Regt Employee Not Eligibl Employee Has Exhau Absence Not for a Co Absence Not for a Co Requested Document	Undergoing Medica Optical Examinatio (Joh related) ement : j Undergoing Medica Optical Examinatio (Not job related) Unavailable for Duty Because lent Care Placement of a Ching for Adoption or Fording Denial of Leave Protection U - Less than 1250 Hours Worked Not Employed with USPS I Yeal sted FMLA Entitlement in Current I vered Condition. vered Family Member. Ition Not Provided.	n or Treatment al, Dental, or n or Treatment L L L L L L L L L L L L L	L. FMLA WOP - FMLA - Part Day WOP - FMLA - Full Day WOP - Lieu of Sick Leave WOP - Proffered WOP - Personal Reasons WOP - Part Day WOP - Full Day WOP - AWOL WOP - 10D (Not FMLA) - WOP - Maternity WOP - Suspension WOP - Union Official	Time C Cod 55/ 56/ 59/ 59/ 59/ 59/ 60/ 59/ 60/ 59/ 60/ 59/ 60/ 59/ 59/ 60/ 59/ 59/ 59/ 59/ 59/ 59/ 59/ 59/ 59/ 59	Code 01 32 02 33 05 36 06 37 660 20 660 21 660 22 23 23 260 24 25 660 26 660 27	Scheduled	Un-	Day SAT SUN MON TUE WED THU	Init.	,
Sickness On-the-Joh Injury Off- the-Joh Injury Off- the-Joh Injury Pregnancy and Confin During This Absence, 1 Was Sick Leave for Depen Birth of Child - Bondi Additional Information Regt Employee Not Eligibl Employee Has Exhau Absence Not for a Co Absence Not for a Co Requested Document	Undergoing Medica Optical Examinatio (Joh related) I Undergoing Medica Optical Examinatio (Not job related) Unavailable for Duty Because lent Care Plucement of a Chil for Adoption or For rding Denial of Leave Protection U Less than 1250 Hours Worked. Not Employed with USPS t Yea teed FMLA Entitlement in Current I vered Condition. Vered Family Member.	n or Treatment al, Dental, or n or Treatment L L L L L L L L L L L L L	L-FMLA WOP - FMLA - Part Day WOP - FMLA - Full Day WOP - Lieu of Sick Leave WOP - Proffered WOP - Personal Reasons WOP - Part Day WOP - Full Day WOP - AWOL WOP - IOD (Not FMLA) WOP - Suspension	Time C Cod 55/ 56/ 59/ 60/ 59/ 59/ 59/ 60 59/ 60 59/ 60 59/ 60/ 59/ 59/ 60/ 59/ 59/ 59/ 59/ 59/ 59/ 59/ 59/ 59/ 59	e Code 01 32 02 33 05 36 06 37 660 20 660 21 660 22 23 23 23 260 24 25 660 26 267 27 28	Schednieri	Un-	Day SAT SUN MON TUE WED THU FRI	Init.	,
Sickness On-the-Joh Injury Off- the-Joh Injury Pregnancy and Confin Pregnancy and Confin During This Absence, 1 Was Sick Leave for Depen Birth of Child - Bondi Additional Information Regt Employee Not Eligibl Employee Has Exhau Absence Not for a Co Absence Not for a Co Requested Document	Undergoing Medica Optical Examinatio (Joh related) ement : J Undergoing Medica Optical Examinatio (Not job related) Undergoing Medica Optical Examinatio (Not job related) Undergoing Medica Placement of a Chiling for Adoption or For riding Denial of Leave Protection U e. Less than 1250 Hours Worked. E. Not Employed with USPS I Yea and FMLA Entitlement in Current I vered Condition. vered Family Member. tion Not Provided. led. Does Not Meet Criteria for FM	n or Treatment al, Dental, or n or Treatment Lid with Employee ster Care Inder FML/ Leave Year. LLA Protection	L- FMLA L- FMLA WOP - FMLA - Part Day WOP - FMLA - Full Day WOP - Lieu of Sick Leave WOP - Proffered WOP - Personal Reasons WOP - Part Day WOP - Full Day WOP - Full Day WOP - AWOL WOP - IOO (Not FMLA) - WOP - Maternity WOP - Suspension WOP - Union Official WOP - Suspension Termination Continuation of Pay - USPS	Time C Cod 55/ 56/ 59/ 60/ 59/ 59/ 59/ 59/ 60 59/ 60 59/ 60 59/ 60 60 60 60 60 60 60 60 60 60	Code Scheduled	- th	Day SAT SUN MON TUE WED THU FRI SAT	Init.	·	

Continuation of Pay - FMLA-IOD-OWCP

Court Duty

Military Leave

Postmaster's Organization

Blood Donor Leave

Other Paid Leave

Convention Leave

Veteran's Funeral

Acts of God

Relocation

Civil Defense

Civil Disorder

Voting Leave

49/04

61

67

89

69

86

66

78

80

77

81

85

35

04

05

09

10

12

13

10

15

16

17

18

A - 000071

TUÉ

WED

тнυ

PS Form 3971. April 2001 (Reverse)

Icave may not be granted.

Privacy Act: The collection of this information is authorized by 39 USC 401,1001, 1003, 1005; 5 USC 8339; and Public Law 103-3. This information will be used to grant or deny your request for official leave from Postal Service duty. It may be disclosed under the routine uses given in Privacy Act system notices USPS 050.020 and USPS 120.070 (see appendix of Administrative Support Manual or, if you wish to obtain a copy of these notices contact your personnel office).

Completion of this form is voluntary. If this information is not provided, official ileave may not be usually as the second of the contact of the con



Request for or Notification of Absence

Employee's Name (Lust, fit WTLSON, MELINDA G	rsi, M.I.)	····	Social Security 221-52-2808	No.		ubmitted 2/19/2003	No. of Hou	rs Requested] _		PP		Yeur
Installation (For PM leave, 09-682) - DELAWARE P&	show city, state or DF	nd ZIP code)	<u> </u>	N/S Day	Pay Los	c. # D/A Code	From Date	Hour 3 (07:00	Scheduled	Un-	1		2004
Time of Call or Request 07:21	Scheduled Rep	orting Time 07:00	Employee Can	J. Be Reacher !) 395-4854		rd) No Call	Thru Date 12/19/200	Hour 1 [15:30	Ň	į į	Day SAT	Init	Hours
Type of Absence		on (For official use only	w/	·	ed Schedule (Approved i	n Advance	-	-	SUN	1	
Annual Carrier 701 Rule	For COI	LA Leave (Certificution P Leave (CAI un file)	n review (V)	,			☐ Yes	□ No	_	1.	MON		i
LWOP (See reverse)		ranced Sick Leave (122. Hary Leave (Orders revi		Begi	in Work	· · · · · · · · · · · · · · · · · · ·	···				TUE	1	
Laic	For Cou	n Leave (Summons revi her Level (1723 on file)	iewed)	. Luna	ch-Out						WED	1	
COP COP SOlution		Training Testing, Quali		file Lunc	ch-In						THU		
Remarks (Do not enter medic			 -	End	Work					×	FRU	40	В
NOT IOD; FMLA LEAVE M	IAP			Total	l Hours				一		SAT		
I understand that the annu	IN leave authorize	ed in excess of amount	f available to me	ducing the			A- 1 11/08		-		SUN	1	
Employee's Signature and D		nature of Person Recon				f Supervisor and		4	╁-		MON		
Merch Hu			•		Luc.	-	ويمأام				TUE		
Official Action on Applicat	іоп (Кешін сору	of Signed request to em	iployee)		Very of	ALLUM,	• • • •			-	WED		
Approved, not FMLA*		ved FMLA A	Approved FMLA	Pending	Signature o	of Supervisor an	id Date	Standard and the			THU		
Disapproved (Give Reas		ublication 71) Docum	entation Noted o	n Keve ce	Tm	ت مسروع	12-1	303			FRI		
Ineligible for FMLA (Es		dotali				Continued on R	RVAICE		ــــــــــــــــــــــــــــــــــــــ	L		!!	
					- <u></u>	or imprisonment	<u> </u>			· -	·-		··
During This Absence, 1 Was I	Incapacitated for D	Duty by:						· · ·					······································
During This Absence, I Was I	□ Un	dergoing Medical, Den	ntal, or			s (Information O	nly)	· · · · · ·		Ē	PP	<u> </u>	Year
Sickness On-the-Job Injury Off- the-Job Injury	Op Op (Jo	idergoing Medical, Den itical Examination or Tr ib related)	reatment Les			s (Information O		· · · · · ·	hedulen	Un- theduled	PP		Year
Sickness On-the-Job Injury	Un Op (Jo ment Un	idergoing Medical, Den itical Examination or Tr	reatment Les	- FMLA		s (Information O	ime Card i Code 55/01	SDS Code	Schedulen	Un- Scheduled	Day	Init	Year
Sickness On-the-Job Injury Off- the-Job Injury Pregnancy and Confine	Un Op (Jo (ment Un Op (No	idergoing Medical, Den itical Examination or Tr ib related) idergoing Medical, Dent tical Examination or Tr ot job related)	eatment Les stal, or AI reatment SL	- FMLA - FMLA - FMLA - VOP - FML	Leave Types	s (Information O	inty) Code 55/01 56/02 59/05	SSDS Code 37 33 36	Schedulen		Day SAT	Init,	
Sickness On-the-Job Injury Off- the-Job Injury Pregnancy and Confine During This Absence, I Was t	Un Op (Jo	idergoing Medical, Den- trical Examination or Tri- to related) dergoing Medical, Den- trical Examination or Tri- ot job related) try Because cement of a Child with	tal, or AI reatment SL LV Employee LV	FMLA - FMLA - FMLA - FMLA - FML	Leave Types A - Part Doy A - Full Day of Sick Leave	s (Information O	inte Card i Cone 55/01 56/02 59/05 60/06 59/60	PSDS Code 37 33	Schedulen	2	Day SAT SUN	Init	
Sickness On-the-Job Injury Off- the-Job Injury Pregnancy and Confine Ouring This Absence, I Was I	Un Op (Jo Op (Jo Op	idergoing Medical, Den stical Examination or Tr to related) idergoing Medical, Den stical Examination or Tr ot job related) ty Because cement of a Child with Adoption or Foster Car	reatment Less ital, or AI reatment SL LV Employee LV re LV	- FMLA - FMLA - FMLA /OP - FML /OP - Lieu I /OP - Profi /OP - Profi /OP - Profi	Leave Types A - Part Day A - Full Day of Sick Leave ered mal Reasons	s (Information O	inty) ime Card i Code 55/01 56/02 59/05 60/06	PSDS Code 37 33 36 37	Schedulen	; ! ; !	Day SAT SUN	Init	
Sickness On-the-Job Injury Off- the-Job Injury Pregnancy and Confine During This Absence, I Was I Sick Leave for Depende Birth of Child - Bondin Additional Information Regard Employee Not Eligible	Uniment Care Plaating for for ding Denial of Less than 1250 H	idergoing Medical, Den- trical Examination or Tri- bre lated) dergoing Medical, Den- tical Examination or Tri- ot job related) try Because cement of a Child with Adoption or Foster Car- tive Protection Under Fiv-	tal, or AI LV Complete LV Complete LV	ve Type - FMLA - FMLA - FMLA - FML - FML - FML - OP - FML - OP - Perso - OP - Parso	Leave Types A - Part Day A - Full Day of Sick Leave ered mal Reasons Day	s (Information O	55/01 56/02 59/05 60/06 59/60 59/60 59/60 59/60	SSDS Code 37 33 36 37 20 21 22 23	Schretulen	1	Day SAT SUN MON	Init,	
Sickness On-the-Job Injury Off- the-Job Injury Pregnancy and Confine During This Absence, I Was t Sick Leave for Depende Birth of Child - Bondin Additional Information Regard Employee Not Eligible Employee Hos Exhauste	Un Op (Jo Op (Jo Op	idergoing Medical, Den- tical Examination or Tr- b-related) dergoing Medical, Den- tical Examination or Tr- ot job related) ity Because cement of a Child with Adoption or Foster Car twe Protection Under Fi- liours Worked.	tal, or All tal, or SL LV Employee LV	- FMLA - FMLA - FMLA - FMLA - FML - OP - FML - OP - FML - OP - Profit - OP - Part - OP - Part - OP - Part - OP - FML - OP - FML - OP - FML	A - Part Day A - Full Day of Sick Leave ered noal Reasons Day Day	s (information O	inte Card in Cone 55/01 56/02 59/60 59/60 59/60 59/60 59/60 59/60 59/60 59/60 59/60 59/60 59/60 59/60 59/60 59/60 59/60 59/60	PSDS Code 32 33 36 37 20 21 22 23 23 24	Schedulen		Day SAT SUN MON TUE	Init.	
Sickness On-the-Job Injury Off- the-Job Injury Off- the-Job Injury Pregnancy and Confine Sick Leave for Depende Birth of Child - Bondin Additional Information Regard Employee Not Eligible Employee Not Eligible Employee Has Exhauste Absence Not for a Cove	Un Op (Jo on Op (Jo on Op o	dergoing Medical, Den- tical Examination or Tr- b related) dergoing Medical, Den- tical Examination or Tr- tot job related) ty Because cement of a Child with Adoption or Foster Car- tive Protection Under Fix- tiours Worked. ith USPS 1 Year, sent in Current Leave Year.	tal, or AI LV LV Employee LV	- FMLA - FMLA - FMLA /OP - FML /OP - FML /OP - Parso /OP - Parso /OP - Parso /OP - Parso /OP - MVO /OP - MVO /OP - MVO /OP - MOTO /OP - MATO /O	Leave Types A - Part Day A - Full Day of Sick Leave ered and Reasons Day DL (Not FMLA)	s (information O	(nly) Sime Card is Code 55/01 56/02 59/05 60/06 59/60 59/60 59/60 59/60 49 59/60	PSDS Code 32 33 36 37 20 21 22 23 23	Scheduled	: S	Day SAT SUN MON TUE WED	Init,	
Sickness On-the-Job Injury Off- the-Job Injury Off- the-Job Injury Pregnancy and Confine During This Absence, I Was I Sick Leave for Depende Birth of Child - Bondin Additional Information Regard Employee Not Eligible Employee Not Eligible Employee Has Exhauste Absence Not for a Cove Absence Not for a Cove Requested Documentation	University of the second of th	idergoing Medical, Den- trical Examination or Tri- brelated) dergoing Medical, Den- trical Examination or Tri- ot job related) try Because cement of a Child with Adoption or Foster Car- tre Protection Under FN foours Worked. ith USPS 1 Year, ment in Current Leave York err.	tal, or AI LV Employee LV	- FMLA - FMLA - FMLA - FML	Leave Types A - Part Day A - Full Day of Sick Leave ered mal Reasons Day DL (Not FMLA) mity ension	s (information O	inty) ime Card in Code 55/01 56/02 59/05 60/06 59/60 59/60 59/60 59/60 49	SDS Code 37 33 36 37 20 21 22 23 23 24 25 26 27	Schedulen	: : : : : : : : : : : : : : : : : : :	Day GAT SUN MON TUE WED THU	Init	
Sickness On-the-Job Injury Off- the-Job Injury Off- the-Job Injury Pregnancy and Confine Sick Leave for Depende Birth of Child - Bondin Additional Information Regare Employee Not Eligible Employee Not Eligible Employee Has Exhauste Absence Not for a Cove Absence Not for a Cove Requested Documentatio Documentation Provider	Unavailable for Duent Care Plang for ding Denial of Leas than 1230 dwd FMLA Entitlem red Condition, red Family Membon Not Provided.	idergoing Medical, Den- trical Examination or Tri- brelated) dergoing Medical, Den- trical Examination or Tri- ot job related) try Because cement of a Child with Adoption or Foster Car- tre Protection Under FN foours Worked. ith USPS 1 Year, ment in Current Leave York err.	tal, or AI LV LV Employee LV	- FMLA - FMLA - FMLA - FML FML FML FML FML FMC	Leave Types A - Part Day A - Full Day of Sick Leave ered mal Reasons Day DL (Not FMLA) mity ension	s (information O	sime Card in Cone 55/01 56/02 59/60 59/60 59/60 59/60 49 59/60 59/60 84	25 25 26 27 28	Schedulen	1 1 1 1 1 1 1 1 1 1	Day SAT SUN MON TUE WED THU	Jnit,	
Sickness On-the-Job Injury Off- the-Job Injury Off- the-Job Injury Pregnancy and Confine Sick Leave for Depende Birth of Child - Bondin Additional Information Regare Employee Not Eligible Employee Not Eligible Employee Has Exhauste Absence Not for a Cove Absence Not for a Cove Requested Documentatio Documentation Provider	Unavailable for Duent Care Plang for ding Denial of Leas than 1230 dwd FMLA Entitlem red Condition, red Family Membon Not Provided.	idergoing Medical, Den- trical Examination or Tri- brelated) dergoing Medical, Den- trical Examination or Tri- ot job related) try Because cement of a Child with Adoption or Foster Car- tre Protection Under FN foours Worked. ith USPS 1 Year, ment in Current Leave York err.	tal, or AI LV Employee LV	- FMLA - FMLA - FMLA - FML - FML - FML - FML - FML - FML - FMC - F	Leave Types A - Part Day A - Full Day of Sick Leave ered and Reasons Day DL (Not FMLA) mity assion official assion Pendin nination f Pay - USPS	s (Information O	55/01 56/02 59/05 60/06 59/60 59/60 59/60 59/60 49 59/60 49 59/60 84	SDS Code 37 33 36 37 20 21 22 23 23 24 25 26 27	Schedules	1 1 1 1 1 1 1 1 1 1	Day GAT SUN MON TUE WED THU	Jnit.	
Sickness On-the-Job Injury Off- the-Job Injury Off- the-Job Injury Pregnancy and Confine Sick Leave for Depende Birth of Child - Bondin Additional Information Regare Employee Not Eligible Employee Not Eligible Employee Has Exhauste Absence Not for a Cove Absence Not for a Cove Requested Documentatio Documentation Provider	Unavailable for Duent Care Plang for ding Denial of Leas than 1230 dwd FMLA Entitlem red Condition, red Family Membon Not Provided.	idergoing Medical, Den- trical Examination or Tri- brelated) dergoing Medical, Den- trical Examination or Tri- ot job related) try Because cement of a Child with Adoption or Foster Car- tre Protection Under FN foours Worked. ith USPS 1 Year, ment in Current Leave York err.	tal, or AI LV	Ver Type FMLA FMLA FMLA FML	Leave Types A - Part Day A - Full Day of Sick Leave ered Day DL (Not FMLA) mity ension to Official nation Pending nination f Pay - USPS f Pay - USPS	s (Information O	sime Card in Code 55/01 56/02 59/05 60/06 59/60 59/60 59/60 59/60 49 59/60 84 59/60	2SDS Code 37 33 36 37 20 21 22 23 23 24 25 26 27 28	Schedulen	S	Day SAT SUN MON TUE WED THU	Init	
Sickness On-the-Job Injury Off- the-Job Injury Off- the-Job Injury Pregnancy and Confine Sick Leave for Depende Birth of Child - Bondin Additional Information Regare Employee Not Eligible Employee Not Eligible Employee Has Exhauste Absence Not for a Cove Absence Not for a Cove Requested Documentatio Documentation Provider	Unavailable for Duent Care Plang for ding Denial of Leas than 1230 dwd FMLA Entitlem red Condition, red Family Membon Not Provided.	idergoing Medical, Den- trical Examination or Tri- brelated) dergoing Medical, Den- trical Examination or Tri- ot job related) try Because cement of a Child with Adoption or Foster Car- tre Protection Under FN foours Worked. ith USPS 1 Year, ment in Current Leave York err.	tal, or All tal, or SL LV Employee LV re LV Employee LV re LV LW	Ver Type FMLA FMLA FMLA FML	A - Part Day A - Full Day of Sick Leave ered mal Reasons Day DL (Not FMLA) mity ension to Official ension Pending innation f Pay - USPS f Pay - FMLA	s (information O T	sime Card in Code 55/01 56/02 59/05 60/06 59/60 59/60 59/60 59/60 49 59/60 84 59/60 71 71/03 49/04 61	25 25 26 27 28 29 03 34 35 04	Schedules	S	Day SAT SUN MON TUE WED THU R1 AT	Init,	
Sickness On-the-Job Injury Off- the-Job Injury Pregnancy and Confine Sick Leave for Depende Birth of Child - Bondin, Additional Information Regard Employee Not Eligible Employee Not Eligible Employee Not Eligible Employee Not For a Cove Absence Not for a Cove Requested Documentation Documentation Provided	Un Op (Jo Op (Jo Op (Jo Op	dergoing Medical, Den- tical Examination or Tr- b related) dergoing Medical, Den- tical Examination or Tr- bit possession of the trial try Because cement of a Child with Adoption or Foster Car- tive Protection Under Fil- flours Worked. ith USPS 1 Year. ment in Current Leave York. Criteria for FMLA Pro-	tal, or AI LV LV Employee LV	FMLA FMLA FMLA OP - FML OP - FML OP - Full OP - Part OP - Part OP - AWO OP - AWO OP - Term Generation of Generation	Leave Types A - Part Day A - Full Day of Sick Leave ered mal Reasons Day OIL (Not FMLA) mity mission n Official mission Pending mination f Pay - USPS f Pay - USPS f Pay - FMLA	s (information O T	55/01 56/02 59/05 60/06 59/60 59/60 59/60 59/60 49 59/60 49 59/60 84 59/60 71 71/03 49/04 61 67	25 26 27 28 29 03 34 35 04 05 08	Schedules	S S S M T	Day SAT SUN MON TUE WED THU R1 AT UN	Jnit.	
Sickness On-the-Job Injury Off- the-Job Injury Off- the-Job Injury Pregnancy and Confine During This Absence, I Was t Sick Leave for Depend Birth of Child - Bonding Additional Information Regard Employee Not Eligible Employee Not Eligible Employee Not for a Cove Absence Not for a Cove Absence Not for a Cove Documentation Provided Additional Documentation Rec	Unavailable for Duent Care Plant Portion Provided Portion Not Employed ward FMLA Entitlement Condition, red Family Membron Not Provided. d. Does Not Meet Puired Paris Provided.	adergoing Medical, Dentical Examination or Trib related) dergoing Medical, Dentical Examination or Trib related) dergoing Medical, Dentical Examination or Trib related) ty Because cement of a Child with Adoption or Foster Car vice Protection Under Fri fours Worked. ith USPS 1 Year. sent in Current Leave Yi cr. Criteria for FMLA Pro-	tal, or AI LV Employee LV	- FMLA - FMLA - FMLA - FMLA - FMLA - FMLA - FML - FML - FML - FML - FML - FML - FMI	Leave Types A - Part Day A - Full Day of Sick Leave ered mal Reasons Day DL (Not FMLA) mity mission official mission Pendin nination f Pay - USPS f Pay - FMLA rganization eave ye	s (information O T	55/01 56/02 59/05 60/06 59/60 59/60 59/60 59/60 49 59/60 49 59/60 84 59/60 71 71/03 49/04 61 67	2SDS Code 37 33 36 37 20 21 22 23 24 25 26 27 28 29 03 34 35 04 05	Schedulen	1	Day SAT SUN MON TUE WED THU AT UN MON UE	Init	
Sickness On-the-Job Injury Off- the-Job Injury Off- the-Job Injury Pregnancy and Confine During This Absence, I Was I Sick Leave for Depende Birth of Child - Bonding Additional Information Regard Employee Not Eligible Employee Not Eligible Employee Not for a Cove Absence Not for a Cove Absence Not for a Cove Requested Documentation Documentation Provided Additional Documentation Rec	Un Op (John Ment) Unavailable for Du Care Plaa g for ding Denial of Leas than 1250 H. Not Employed wed FMLA Entitlem red Condition. Tred Family Mernbon Not Provided. d. Does Not Meet puired this information is ablic Law 103-3.	dergoing Medical, Dentical Examination or Trib related) dergoing Medical, Dentical Examination or Trib related) dergoing Medical, Dentical Examination or Trib roll polymerated) ity Because cement of a Child with Adoption or Foster Car ive Protection Under Fix diours Worked. ith USPS 1 Year. cent in Current Leave Your. Criteria for FMLA Prof	tal, or AI LV LV Employee LV	- FMLA - FMLA - FML FML FML FML FML FML FML FMC	Leave Types A - Part Day A - Full Day of Sick Leave ered mal Reasons Day DL (Not FMLA) mity mission official mission Pendin nination f Pay - USPS f Pay - FMLA rganization eave ye	s (information O T	55/01 55/02 59/05 60/06 59/60 59/60 59/60 59/60 49 59/60 84 59/60 71 71/03 49/04 61 67 89 69	25 26 27 28 29 03 34 35 04 05 08 09 10 12	Schedules	1	Day SAT SUN MON TUE WED HU AT UN MON HU HU HU HU HU HU HU	Init	
Sickness On-the-Job Injury Off- the-Job Injury Off- the-Job Injury Pregnancy and Confine Sick Leave for Depende Birth of Child - Bonding Additional Information Regard Employee Not Eligible Employee Not Eligible Employee Not for a Cove Absence Not for a Cove Absence Not for a Cove Company of the County of the County Additional Documentation Provided Additional Documentation Recovered the County Additional Documentation Recovery Oo3, 1005, 5 USC 8339; and Prant or demy your request for of issolosed under the rowhne uses So.020 and USPS 120 O70 feer	Un Op	adergoing Medical, Dentical Examination or Trib related) dergoing Medical, Dentical Examination or Trib related) dergoing Medical, Dentical Examination or Trib related) ty Because cement of a Child with Adoption or Foster Car we Protection Under Filiation did USPS 1 Year. Sent in Current Leave Yier. Criteria for FMLA Professional Car authorized by 39 USC of This information will be Postal Service duty. It is	tal, or tal, o	FMLA FMLA FMLA OP - FML OP - FML OP - Full OP - Profit OP - Part I OP - Suspe OP - Joh OP - Joh OP - Suspe OP	A - Part Day A - Full Day of Sick Leave ered mal Reasons Day OL (Not FMLA) mity in Official mation Pendin mination f Pay - USPS f Pay - USPS f Pay - FMLA rganization eave ve	s (information O T	55/01 56/02 59/05 60/06 59/60 59/60 59/60 59/60 49 59/60 49 59/60 84 59/60 71 71/03 49/04 61 67 89 69 86 67 88	25 26 27 28 29 03 34 35 04 05 08 09 10 12 13 10	Schedules	2	Day SAT SUN MON TUE WED HU AT UN MON HU HU HU HU HU HU HU	Jnit,	
Sickness On-the-Job Injury Off- the-Job Injury Off- the-Job Injury Pregnancy and Confine During This Absence, I Was I Sick Leave for Depende Birth of Child - Bonding Additional Information Regard Employee Not Eligible Employee Not Eligible Employee Not for a Cove Absence Not for a Cove Absence Not for a Cove Requested Documentation Documentation Provided Additional Documentation Rec	Unavailable for Duent Care Place Joan Pla	adergoing Medical, Dentical Examination or Trib related) dergoing Medical, Dentical Examination or Trib related) dergoing Medical, Dentical Examination or Trib related) ty Because cement of a Child with Adoption or Foster Car ove Protection Under Filiation inth USPS 1 Year. tent in Current Leave Your cr. Criteria for FMLA Profested System of the Current Car ove Protection Under Filiation of the Current Car criteria for FMLA Profested System of the Car authorized by 39 USC 4 This information will be obstal Service duty. It in Act system nonces USP: inistrative Support Man	tal, or realment Lv Employee Lv Employee Lv ML/ Example Lv L	- FMLA - FMLA - FMLA - FMLA - FML -	A - Part Day A - Full Day of Sick Leave ered mal Reasons Day OL (Not FMLA) mity in Official mation Pendin mination f Pay - USPS f Pay - USPS f Pay - FMLA rganization eave ve	s (information O T	55/01 55/02 55/02 59/05 60/06 59/60 59/60 59/60 59/60 49 59/60 84 59/60 71 71/03 49/04 61 67 89 69 69	2SDS Code 37 33 36 37 20 21 22 23 24 25 26 27 28 29 03 34 35 04 05 08 09 10 12 13	Schedulen	2	Day SAT SUN MON TUE WED THU R1 AT UN HON UE //ED HU R1		

PS Form 3971. April 2001 (Reverse)

Case 1:05-cv-00073-JJF Document 34-3

PS Form 3971. April 2001 (Reverse)



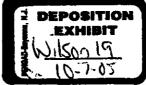
Employee's Name (Last, fir.	xt, M.l.)	Social Security	No.	Request 1				LUX	T OT	AL	ose	nce
ILSON, MELINDA G		221-52-2808	i j	Date Submitted 12/20/2003	No. of	Hours Request 8.00		70.	핗	PP		Year
BATI - DELAWARE P&L	show city, state and ZIP code) OF		N/S Day	Pay Loc. # D/A Coc 215 11-0	ie From D 12/20/		ur .	Scheduled	Schedule	1		2004
ns of Call or Request 06:20	Scheduled Reporting Time 07:00		Be Reached At () 395–4854	. —	Thru Di	1		ň		Day AT	Init.	Hours
e of Absence	Documentation (For official use only)	 -		U No Cal	+		}-	+		JN		 -
Annual	For FMLA Leave (Certification ,	eviewed And	NEVISCO SCI	hedule for (Date)	1	ed in Advance			30	JN	<u> </u>	
Carrier 701 Rule	FOR COP Leave (CA) on file)	(シ	/		101	es 🗆 No			М	ON]
LWOP (See reverse)	For Advanced Sick Leave (122) (For Military Leave (Orders review		Begin Wo	rk					π	Æ		
Sick (See reverse) Late	For Court Leave (Summons review	well) wed)	Lunch-Ou	ıı .			─-{		-			<u> </u>
COP	For Higher Level (1723 on file)		ļ					\bot		ED		1
Other: SL	Scheme Training Testing, Qualify	ing (Memo on f	ile) Lunch-In					: ,	TH	TU		
ks (Do not enter medicu	information)		End Work						FR	1		
IOD; FMLA LEAVE was	ł							· ,	SA		P A	
			Total Hour	*			-	-			Pρ	8
Jerstand that the annua	l leave authorized in excess of amount a	vailable to me (during the leave	e year will be change	d to LWOF	·.		1	SU	<u> </u>		
oyee's Signature and Oat	13/6 Signature of Person Recording	g Absence and		ature of Supervisor ar	d Date Noti	ified		1	MO	NO T		
1 2/1/2 11	77		1	111	12/1	100		 	TU	ΕŢ		
ial Action on Applicatio	n (Return copy of signed request to empl	oyee)		-de'1-1-1-1/2/2002		·-J	<u> </u>	╁	WE	D +	\dashv	
Approved, not FMLA*	Approved FMLA [] And	mued EMI A. E	ending Sign:	ature of Supervisor	and Date			╀╌	TH	<u>_</u> _		
Disamproved (Give Reaso	/ (Det Publication 71) Document	ation Noted on	Reverse	ma		-22-6	<u>, </u>	4—	<u></u> -			
				Mouce	<u>. </u>	2 (<u> </u>		FR.			
neligible for FMLA (Esti	mate eligibility date):			Continued on	Reverse							
rm 3971. April 2001		322	To 6	mishing of false inform					_	_		
	٠.	··		0,000 or imprisonme	nt of not mo	re than 5 years	or both	(18 U	7.5 C. /	001)		<u> </u>
g This Absence, I Was line	capacitated for Duty by:			o,000 di miprisonmei	it of not mo	re than 5 years	or both	(18 U	S.C. I	001)		
Sickness	capacitated for Duty by:	or ,	Leave	0,000 or imprisonment	it of not mo	re than 5 years	or both	(180	S.C. 1	001)		Year
Sickness On-the-Joh Injury	capacitated for Duty by: Undergoing Medical, Dental, Optical Examination or Treat	or Leave		Types (Information of	Only) Time Card	PSD\$	or both	(180	S.C. 1	001)		Year
Sickness On-the-Joh Injury Off- the-Job Injury	capacitated for Duty by: I Undergoing Medical, Dental, Optical Examination or Treat (Job related)	ment Leave	Leave : Type	Types (Information of	Only) Time Card Code	re than 5 years	or both	(180	S.C. 1	001)	,	Year
Sickness On-the-Joh Injury Off- the-Job Injury	capacitated for Duty by: 1 Undergoing Medical, Dental, Optical Examination or Treat (lob related) ent 1 Undergoing Medical, Dental, Optical Examination or Treat	or AL-1	Leave	Types (Information of	Only) Time Card Code 55/01	PSDS Code	or both	Scheduled Scheduled	PP Da	001)		Year
Sickness On-the-Joh Injury Off- the-Job Injury Pregnancy and Confinem	capacitated for Duty by: Undergoing Medical, Dental, Optical Examination or Treat (Job related) ent Undergoing Medical, Dental, Optical Examination or Treat (Not Job related)	or AL-1 ment SL-1 LWO	Leave Type FMLA MLA P - FMLA - Par	Types (Information of	Only) Time Card Code	PSDS Code 32 33	or both	(180	PP	001)		
Sickness On-the-Joh Injury Off- the-Job Injury Pregnancy and Confinem This Absence, I Was Un Sick Leave for Dependent	Capacitated for Duty by: Undergoing Medical, Dental, Optical Examination or Treat (10b related) ent Undergoing Medical, Dental, Optical Examination or Treat (Not job related)	or AL-1 ment SL-1 LWO	Leave Type FMLA P-FMLA-Par P-FMLA-Ful	Types (Information of Day	Only) Fime Card Code 55/01 56/02 59/05 60/06	PSDS Code 32 33 36 37	or both	(180	PP Da	001)		
Sickness On-the-Joh Injury Off- the-Job Injury Pregnancy and Confinem This Absence, I Was Un Sick Leave for Dependent Litth of Child - Bondine	capacitated for Duty by: I Undergoing Medical, Dental, Optical Examination or Treat (lob related) ent I Undergoing Medical, Dental, Optical Examination or Treat (Not job related) available for Duty Because I Placement of a Child with Em	or AL-Imment SL-F	Leave Type FMLA MLA PP - FMLA - Par P - FMLA - Ful P - Lieu of Sick	Types (Information of Day	201/y) Time Card Code 55/01 56/02 59/05 69/06	PSDS Code 32 33 36 37 20	or both	(180	PP Da SAT	(OU)		
Sickness On-the-Joh Injury Off- the-Joh Injury Pregnancy and Confinem This Absence, I Was Un lick Leave for Dependent Inth of Child - Bonding and Information Regardir	capacitated for Duty by: Undergoing Medical, Dental, Optical Examination or Treat (lob related) ent Undergoing Medical, Dental, Optical Examination or Treat (Not job related) available for Duty Because Care Placement of a Child with Emfor Adoption or Foster Care Optical Examination or Foster Care Placement of a Child with Emfor Adoption or Foster Care	or AL-Imment SL- F LWO	E Type FMLA MLA P - FMLA - Par P - FMLA - Ful P - Lieu of Sick P - Proffered P - Personal Rea	Types (Information of Day Day Leave	Only) Fime Card Code 55/01 56/02 59/05 60/06	PSDS Code 32 33 36 37	or both	(180	PP Da SAT SUN	(OU)		
Sickness On-libe-Job Injury Off- the-Job Injury Pregnancy and Confinem This Absence, I Was Un Sick Leave for Dependent Birth of Child - Bonding and Information Regardir Employee Nor Eligible - L	capacitated for Duty by: Undergoing Medical, Dental, Optical Examination or Treat (lob related)	or AL-imment St. F LWO LWO LWO LWO LWO	Ecave Type FMLA MLA P - FMLA - Par F - FMLA - Ful P - Lieu of Sick P - Proffered P - Personal Rea P - Part Day	Types (Information of Day Day Leave	20n(y) Time Card Code 55/02 59/05 60/06 59/60 59/60 59/60 59/60 59/60 59/60	PSDS Code 32 33 36 37 20 21 22 23	or both	(180	PP Da SAT	(OU)		
Sickness On-lihe-Joh Injury On-lihe-Joh Injury Off- the-Job Injury Pregnancy and Confinem This Absence, I Was Un Sick Leave for Dependent Sick Leave for Dependent Sirth of Child - Bonding and Information Regardir Employee Not Eligible - L Imployee Not Eligible - L Imployee Not Eligible - M Imployee Has Exhausted	capacitated for Duty by: Undergoing Medical, Dental, Optical Examination or Treat (Job related) ent Undergoing Medical, Dental, Optical Examination or Treat (Not Job related) available for Duty Because Care Placement of a Child with Emfor Adoption or Foster Care ag Denial of Leave Protection Under FML, less than 1250 Hours Worked.	ment Leave AL-Imment SL-F LWG	Leave Type FMLA MLA IP - FMLA - Par P - FMLA - Ful P - Lieu of Sick P - Proffered P - Personal Rea P - Ful Day P - Full Day P - AWOL	Types (Information of Day Day Leave	201(y) Fime Card Code 55/01 56/02 59/05 60/06 59/60 59/60 59/60 59/60 60	PSDS Code 32 33 36 37 20 21 22 23 23	or both	(180	PP Da SAT SUN	(OU)		
Sickness On-the-Joh Injury Off- the-Joh Injury Pregnancy and Confinem This Absence, I Was Un Sick Leave for Dependent Birth of Child - Bonding and Information Regardir Employee Not Eligible - N Employee Has Exhausted Absence Not for a Coveret And Covered Not For a Covered	capacitated for Duty by: 1 Undergoing Medical, Dental, Optical Examination or Treat (Job related) ent [], Undergoing Medical, Dental, Optical Examination or Treat (Not job related) available for Duty Because Care [] Placement of a Child with Emfor Adoption or Foster Care og Denial of Leave Protection Under FML, ess than 1250 Hours Worked. Joe Employed with USPS 1 Year. FMLA Entitlement in Current Leave Year.	ment Leave ment Leave ment Leave Lea	Ecave Type FMLA MLA PP - FMLA - Par P - Lieu of Sick P - Proffered P - Personal Rea P - Part Day P - Full Day P - AWOL P - 10D (Not FM	Types (Information of Day Day Leave	20n(y) Time Card Code 55/02 59/05 60/06 59/60 59/60 59/60 59/60 59/60 59/60	PSDS Code 32 33 36 37 20 21 22 23 24	or both	(180	PP Da SAT SUN MON TUE	(OU)		
Sickness On-the-Joh Injury Off- the-Joh Injury Pregnancy and Confinem This Absence, I Was Un Sick Leave for Dependent Birth of Child - Bonding and Information Regardir Employee Nor Eligible - L Employee Nor Eligible - N Employee Has Exhausted thesence Nor for a Coveree thesence Nor for a Coveree	capacitated for Duty by: 1 Undergoing Medical, Dental, Optical Examination or Treat (lob related) ent	or AL-Imment Leave Lwo	Eraye Type FMLA MLA P - FMLA - Par P - FMLA - Ful P - Licu of Sick P - Personal Rea P - Port Day P - Full Day P - AWOL P - IOD (Not FM P - Maternity	Types (Information of Day Day Leave	2nly) Time Card Code 55/01 56/02 59/05 60/06 59/60 59/60 59/60 59/60	PSDS Code 32 33 36 37 20 21 22 23 23	or both	(180	PPP Da SAT SUN MON TUE WED THU	(OU)		
Sickness On-the-Job Injury Off- the-Job Injury Off- the-Job Injury Pregnancy and Confinem This Absence, I Was Un Sick Leave for Dependent Birth of Child - Bonding and Information Regardir Employee Nor Eligible - L Employee Nor Eligible - N Employee Has Exhausted absence Nor for a Coverect absence Nor for a Coverect accurated Documentation equested Documentation	capacitated for Duty by: 1 Undergoing Medical, Dental, Optical Examination or Treat (lob related) ent	or AL-I ment LWO	E-rype FMLA FMLA P - FMLA - Ful P - Lieu of Sick P - Proffered P - Porsonal Rea P - Pull Day P - AWOL P - Maternity P - Maternity Suspension	Types (Information of Day Leave	20n(y) Time Card Code 55/02 55/05 60/06 59/60 59/60 59/60 59/60 59/60 59/60 59/60 59/60 59/60 59/60	PSDS Code 32 33 36 37 20 21 22 23 23 24 25 26 27	or both	(180	PP Da SAT SUN MON TUE	(OU)		
Sickness Do-like-Job Injury Do-like-Job Injury Pregnancy and Confinem This Absence, I Was Unitick Leave for Dependent lick Leave for Dependent lick Leave for Bonding and Information Regardir amployee Not Eligible - L amployee Not Eligible - L amployee Has Exhausted bsence Not for a Covered bsence Not for a Covered equested Documentation occumentation Provided	capacitated for Duty by: Undergoing Medical, Dental, Optical Examination or Treat (Job related) ent Undergoing Medical, Dental, Optical Examination or Treat (Not Job related) available for Duty Because Care Placement of a Child with Emfor Adoption or Foster Care Placement of a Child with Emfor Adoption or Foster Care Dental of Leave Protection Under FML Less than 1250 Hours Worked, On Employed with USPS 1 Year, FMLA Entitlement in Current Leave Year, I Condition, Family Member, Not Provided Does Not Meet Criteria for FMLA Protect	or AL-I ment LWO	Ecave Type FMLA FMLA FMLA PP - FMLA - Ful P - Lieu of Sick P - Porffered P - Personal Rea P - Port Day P - Full Day P - AWOL P - MOL P - Molernity - Suspension - Union Officia - Suspension	Types (Information of Day Day Leave Resons Teave Rendered Rendere	201/y) Fime Card Code 55/01 56/02 59/05 60/06 59/60 59/60 59/60 59/60 49 59/60	PSDS Code 32 33 36 37 20 21 22 23 23 24 25 26	or both	(180	PPP Da SAT SUN MON TUE WED THU	(OU)		
Sickness Do-like-Job Injury Do-like-Job Injury Pregnancy and Confinem This Absence, I Was Unitick Leave for Dependent lick Leave for Dependent lick Leave for Bonding and Information Regardir amployee Not Eligible - L amployee Not Eligible - L amployee Has Exhausted bsence Not for a Covered bsence Not for a Covered equested Documentation occumentation Provided	capacitated for Duty by: Undergoing Medical, Dental, Optical Examination or Treat (Job related) ent Undergoing Medical, Dental, Optical Examination or Treat (Not Job related) available for Duty Because Care Placement of a Child with Emfor Adoption or Foster Care Placement of a Child with Emfor Adoption or Foster Care Dental of Leave Protection Under FML Less than 1250 Hours Worked, On Employed with USPS 1 Year, FMLA Entitlement in Current Leave Year, I Condition, Family Member, Not Provided Does Not Meet Criteria for FMLA Protect	ment Leave ment Leave Lwo	Leave Type FMLA MLA PP - FMLA - Par P - FMLA - Ful P - Lieu of Sick P - Proffered P - Personal Rea P - Parl Day P - Pull Day P - AWOL P - 10D (Not FN Maternity - Suspension - Union Officit - Suspension P Termination	Types (Information of Day Leave asons	2011y) Fime Card Code 55/01 56/02 59/00 59/60 59/60 59/60 59/60 49 59/60 59/60 84 59/60	PSDS Code 32 33 36 37 20 21 22 23 23 24 25 26 27	or both	Cheduled	PP Da SAT SUN MON TUE WED THU FRI SAT	(OU)		
Sickness Do-like-Job Injury Do-like-Job Injury Pregnancy and Confinem This Absence, I Was Unitick Leave for Dependent lick Leave for Dependent lick Leave for Bonding and Information Regardir amployee Not Eligible - L amployee Not Eligible - L amployee Has Exhausted bsence Not for a Covered bsence Not for a Covered equested Documentation occumentation Provided	capacitated for Duty by: Undergoing Medical, Dental, Optical Examination or Treat (Job related) ent Undergoing Medical, Dental, Optical Examination or Treat (Not Job related) available for Duty Because Care Placement of a Child with Emfor Adoption or Foster Care Placement of a Child with Emfor Adoption or Foster Care Dental of Leave Protection Under FML Less than 1250 Hours Worked, On Employed with USPS 1 Year, FMLA Entitlement in Current Leave Year, I Condition, Family Member, Not Provided Does Not Meet Criteria for FMLA Protect	or AL-Imment Leave Lwo	E-ave Type FMLA MLA P - FMLA - Par P - FMLA - Ful P - Licu of Sick P - Proffered P - Personal Rea P - Part Day P - AWOL P - Maternity Suspension P - Union Officia - Suspension of Pay - I	Types (Information of Day II Day Leave assons ILA) -OWCP	201/y) Time Card Code 55/01 56/02 59/05 60/06 59/60 59/60 59/60 59/60 59/60 84 59/60 71	PSDS Code 32 33 36 37 20 21 22 23 23 24 25 26 27 28	or both	Scheduled O 81)	PPP Day SAT SUN TUE FRI SAT SUN	(OU)		
Sickness Do-the-Joh Injury Off- the-Joh Injury Pregnancy and Confinem This Absence, I Was Unicide Leave for Dependent lifth of Child - Bonding and Information Regardir Imployee Not Eligible - L Imployee Not Eligible - L Imployee Has Exhausted bsence Not for a Covered equested Documentation occumentation Provided	capacitated for Duty by: Undergoing Medical, Dental, Optical Examination or Treat (Job related) ent Undergoing Medical, Dental, Optical Examination or Treat (Not Job related) available for Duty Because Care Placement of a Child with Emfor Adoption or Foster Care Placement of a Child with Emfor Adoption or Foster Care Dental of Leave Protection Under FML Less than 1250 Hours Worked, On Employed with USPS 1 Year, FMLA Entitlement in Current Leave Year, I Condition, Family Member, Not Provided Does Not Meet Criteria for FMLA Protect	or AL-I ment St. F LWO	E-ave Type FMLA MLA P - FMLA - Ful P - Lieu of Sick P - Proffered P - Porsonal Rea P - Port Day P - Full Day P - Maternity - Suspension P Termination uation of Pay - I	Types (Information of Day II Day Leave asons ALA) -OWCP at leading to USPS-FMLA	201(y) Time Card Code 55/02 55/05 60/06 59/60 59/60 59/60 59/60 59/60 39/60 49 59/60 84 59/60 71 71/03	PSDS Code 32 33 36 37 20 21 22 23 24 25 26 27 28 29 03 34	or both	Scheduled O 81)	PP Da SAT SUN MON TUE WED THU FRI SAT	(OU)		
Sickness Do-like-Job Injury Do-like-Job Injury Pregnancy and Confinem This Absence, I Was Unitick Leave for Dependent lick Leave for Dependent lick Leave for Bonding and Information Regardir amployee Not Eligible - L amployee Not Eligible - L amployee Has Exhausted bsence Not for a Covered bsence Not for a Covered equested Documentation occumentation Provided	capacitated for Duty by: Undergoing Medical, Dental, Optical Examination or Treat (Job related) ent Undergoing Medical, Dental, Optical Examination or Treat (Not Job related) available for Duty Because Care Placement of a Child with Emfor Adoption or Foster Care Placement of a Child with Emfor Adoption or Foster Care Dental of Leave Protection Under FML Less than 1250 Hours Worked, On Employed with USPS 1 Year, FMLA Entitlement in Current Leave Year, I Condition, Family Member, Not Provided Does Not Meet Criteria for FMLA Protect	or AL-I ment SL-F LWO	E-ave Type FMLA P-FMLA - Ful P-FMLA - Ful P-Lieu of Sick P-Porsonal Rea P-Part Day P-Full Day P-AWOL P-JOD (Not FM P-Maternity - Union Officia - Union Officia - Union of Pay - I uation of Pay - I uation of Pay - I uation of Pay - I puty	Types (Information of Day II Day Leave assons ILA) -OWCP	201/y) Time Card Code 55/01 56/02 59/05 60/06 59/60 59/60 59/60 59/60 59/60 84 59/60 71	PSDS Code 32 33 36 37 20 21 22 23 23 24 25 26 27 28	or both	Cur. Cur.	PPP Day SAT SUN TUE FRI SAT SUN	(OU)		
Sickness On-the-Joh Injury On-the-Joh Injury Off- the-Joh Injury Pregnancy and Confinem This Absence, I Was Un Sick Leave for Dependent Sick Leave for Dependent Sick Leave for Dependent Sick Leave for Bending Inth of Child - Bonding Inth of Child Int	capacitated for Duty by: Undergoing Medical, Dental, Optical Examination or Treat (Job related) ent Undergoing Medical, Dental, Optical Examination or Treat (Not Job related) available for Duty Because Care Placement of a Child with Emfor Adoption or Foster Care Placement of a Child with Emfor Adoption or Foster Care Dental of Leave Protection Under FML Less than 1250 Hours Worked, On Employed with USPS 1 Year, FMLA Entitlement in Current Leave Year, I Condition, Family Member, Not Provided Does Not Meet Criteria for FMLA Protect	ment Leaver or AL-I SL-F LWO LWO LWO LWO LWO LWO LWO LWO LWO LW	E-raype FMLA FMLA FMLA FP - FMLA - Ful P - FMLA - Ful P - Lieu of Sick P - Porffered P - Personal Rea P - Port Day P - Full Day P - AWOL P - JOD (Not FN P - Maternity - Union Officia - Suspension - Union of Pay - I uation of Pay - I uation of Pay - F Duty y Leave	Types (Information of Day II Day Leave Assons (LA) OWCP al lending of Day USPS-FMLA FMLA-IOD-OWCP	2nly) Fime Card Code 55/01 56/02 59/05 60/06 59/60 59/60 59/60 49 59/60 84 59/60 71 71/03 49/04 61 67	PSDS Code 32 33 36 37 20 21 22 23 24 25 26 27 28 29 03 34 35 04 05	or both	Stredujed O 81)	PPP Date SAT SUN MON TUE	(OU)		
Sickness On-the-Job Injury On-the-Job Injury Off- the-Job Injury Pregnancy and Confinem This Absence, I Was Un tick Leave for Dependent Birth of Child - Bonding nal Information Regardir Imployee Nor Eligible - L Imployee Nor Eligible - N Imployee Has Exhausted basence Nor for a Coverce basence Nor for a Coverce equested Documentation ocumentation Provided nal Documentation Requi	capacitated for Duty by: 1 Undergoing Medical, Dental, Optical Examination or Treat (Job related) ent	ment Leave or AL- ment St. F LWC	E-ave Type FMLA MLA P - FMLA - Par P - FMLA - Ful P - Licu of Sick P - Porsonal Rea P - Port Day P - Full Day P - AWOL P - Maternity Suspension - Union Officia - Suspension of Pay uation of Pay utation of Pay utation of Pay y Leave ster's Organizati	Types (Information of Day II Day Leave Assons (LA) OWCP al lending of Day USPS-FMLA FMLA-IOD-OWCP	201/y) Time Card Code 55/01 56/02 59/05 60/06 59/60 59/60 59/60 59/60 59/60 39/60 39/60 39/60 31/103 49/04 61 67 89	PSDS Code 32 33 36 37 20 21 22 23 23 24 25 26 27 28 29 03 34 35 04 05 08	or both	Stredujed O 81)	PP Da SAT SUN MON	(OU)		
Sickness On-the-Job Injury Off- the-Job Injury Pregnancy and Confinem This Absence, I Was United States Sick Leave for Dependent Birth of Child - Bonding Small Information Regardir Employee Not Eligible - L Employee Not Eligible - L Employee Has Exhausted Absence Not for a Covered Leave Documentation Documentation Provided. Act: The collection of this 55, 5 USC 8339, and Publ	capacitated for Duty by: Undergoing Medical, Dental, Optical Examination or Treat (Job related) ent Undergoing Medical, Dental, Optical Examination or Treat (Not Job related) available for Duty Because Care Placement of a Child with Emfor Adoption or Foster Care Placement of a Child with Emfor Adoption or Foster Care Dental of Leave Protection Under FML, ess than 1250 Hours Worked. Oto Employed with USPS 1 Year. FMLA Entitlement in Current Leave Year. Condition. Family Member. Not Provided Does Not Meet Criteria for FMLA Protect red Information is authorized by 39 USC 401.	ment Leaver or AL- imment SL- F LWC LWC LWC LWC LWC LWC LWC LW	E-ave Type FMLA MLA P - FMLA - Ful P - FMLA - Ful P - Lieu of Sick P - Proffered P - Personal Rea P - Part Day P - Full Day P - Maternia - Union Officia - Suspension P - Union Of Pay - I uation of Pay - I uation of Pay - I oution of Pay - I ou	Types (Information of Day II Day Leave Assons (LA) OWCP al lending of Day USPS-FMLA FMLA-IOD-OWCP	201/y) Fime Card Code 55/02 55/05 60/06 59/60 59/60 59/60 59/60 59/60 39/60 39/60 39/60 39/60 49 49 49 49 49 60 60 60 60 60 60 60 60 60 60 60 60 60	PSDS Code 32 33 36 37 20 21 22 23 24 25 26 27 28 29 03 34 35 04 05 08 09	or both	Control of the contro	PPP Date SAT SUN MON TUE	(OU)		
Sickness On-the-Joh Injury On-the-Joh Injury Pregnancy and Confinem This Absence, I Was United the Sick Leave for Dependent Birth of Child - Bonding and Information Regarding The Sick Leave for Dependent Employee Not Eligible - Lamployee Not Eligible - Namployee Not Eligible - Namployee Not for a Coverect Statement of the Statement of the Statement Not for a Coverect Equested Documentation Provided. The Collection of this Sic Succession of the Sic Successio	capacitated for Duty by: Undergoing Medical, Dental, Optical Examination or Treat (Job related) ent Undergoing Medical, Dental, Optical Examination or Treat (Not Job related) available for Duty Because Care Placement of a Child with Emfor Adoption or Foster Care Placement of a Child with Emfor Adoption or Foster Care Denial of Leave Protection Under FML Less than 1250 Hours Worked, It family Member Not Provided Does Not Meet Criteria for FMLA Protect Tred Information is authorized by 39 USC 401 Information i	or AL-I ment SL-F LWC	E-ave FMLA FMLA FMLA FP - FMLA - Ful FP - FMLA - Ful FP - Full Of Sick FP - Personal Rea FP - Personal Rea FP - Part Day FP - Full Day FP - Waternity FP - Maternity FP - Maternity FP - Suspension FP - Union Officia Communication of Pay - Full Unition of Pay - Full Outp y Leave Ster's Organization Onore Leave laid Leave stich Leave	Types (Information of Day II Day Leave Assons (LA) OWCP al lending of Day USPS-FMLA FMLA-IOD-OWCP	201/y) Time Card Code 55/01 56/02 59/05 60/06 59/60 59/60 59/60 59/60 59/60 39/60 39/60 39/60 31/103 49/04 61 67 89	PSDS Code 32 33 36 37 20 21 22 23 23 24 25 26 27 28 29 03 34 35 04 05 08	or both	Streduje.	PPP Da SAT SUN MON TUE SAT SUN MON TUE SAT SUN MON TUE THU THU	(OU)		
Sickness On-libe-Job Injury On-libe-Job Injury Off- the-Job Injury Pregnancy and Confinem This Absence, I Was Un Sick Leave for Dependent Birth of Child - Bonding Intelligence Not Eligible - L Imployee Not Eligible - L Imployee Not Eligible - A Imployee Not for a Covered Instruction of the Sissence Not for a Covered Instruction of the Sissence Not for a Covered Intelligence Not Eligible - I Intelligence Not Eligible	capacitated for Duty by: I Undergoing Medical, Dental, Optical Examination or Treat (Job related) ent	ment Leave or AL- ment St. F LWO	E-ave FMLA MLA P-FMLA - Par P-FMLA - Ful P-Lieu of Sick P-Proffered P-Porsonal Rea P-Par Day P-Full Day P-AWOL P-AWOL P-Maternity P-Suspension C-Union Office - Suspension Termination uation of Pay - I uation teave aid Leave aid Leave God	Types (Information of Day II Day Leave Assons (LA) OWCP al lending of Day USPS-FMLA FMLA-IOD-OWCP	201/y) Fime Card Code 55/01 56/02 59/05 60/06 59/60 59/60 59/60 59/60 39/60 49 59/60 71 71/03 49/04 61 67 89 69 66 78	PSDS Code 32 33 36 37 20 21 22 23 24 25 26 27 28 29 03 34 35 04 05 08 09 10	or both	Streduje.	PPP Da SAT SUN MON TUE WED THU FRI SAT SUN MON TUE	(OU)		
Sickness On-the-Job Injury Off- the-Job Injury Pregnancy and Confinem This Absence, I Was Un Sick Leave for Dependent Birth of Child - Bonding Onal Information Regardir Employee Not Eligible - L Employee Not Eligible - L Employee Has Exhausted Absence Not for a Covered Absence Not for a Covered Lequested Documentation Documentation Provided Act: The collection of this DS; 5 USC 8339, and Publ eny your request for office under the routine uses given and USPS 120.070 (see ap- to obtain a cony of these	capacitated for Duty by: 1 Undergoing Medical, Dental, Optical Examination or Treat (Job related) ent	or AL-Imment Leave Ment Leave	E-ave Type FMLA MLA P-FMLA - Par P-FMLA - Ful P-Licu of Sick P-Proffered P-Portsonal Rea P-Part Day P-AWOL P-Maternity P-Suspension P-Maternity P-Suspension P-Commission Lunion Officia P-Suspension of Pay - I uation of Pay -	Types (Information of Day II Day Leave Assons (LA) OWCP al lending of Day USPS-FMLA FMLA-IOD-OWCP	201/y) Fime Card Code 55/01 56/02 59/05 60/06 59/60 59/60 59/60 59/60 59/60 71 71/03 49/04 61 67 89 69 86 66 78	PSDS Code 32 33 36 37 20 21 22 23 23 24 25 26 27 28 29 03 34 35 04 05 08 09 10 12 13 10	or both	Streduje.	PPP Da SAT SUN MON TUE SAT SUN MON TUE SAT SUN MON TUE THU THU	(OU)		
On-the-Job Injury Off- the-Job Injury Off- the-Job Injury Pregnancy and Confinem g This Absence, I Was Un Sick Leave for Dependent Birth of Child - Bonding onal Information Regardir Employee Not Eligible - L Employee Not Eligible - L Employee Not for a Coveree Absence Not for a Coveree Requested Documentation Documentation Provided anal Documentation Requi	capacitated for Duty by: 1 Undergoing Medical, Dental, Optical Examination or Treat (10b related) ent 1 Undergoing Medical, Dental, Optical Examination or Treat (Not job related) available for Duty Because Care 1 Placement of a Child with Err for Adoption or Foster Care og Denial of Leave Protection Under FML, ess than 1250 Hours Worked, lot Employed with USPS 1 Year. FMLA Entitlement in Current Leave Year. I Condition. I Family Member. Not Provided Does Not Meet Criteria for FMLA Protect red information is authorized by 39 USC 401, ic Law 103-3. This information will be us ial leave from Postal Service duty. It may	or AL-Imment Leave Ment Leave	E-ave Type TMLA MLA P - FMLA - Par P - FMLA - Ful P - Lieu of Sick P - Proffered P - Personal Rea P - Port Day P - IOD (Not FN P - Maternity P - Suspension Union Officit - Suspension P Termination uation of Pay - I such the laward and Leave God S Funeral ion	Types (Information of Day II Day Leave Assons (LA) OWCP al lending of Day USPS-FMLA FMLA-IOD-OWCP	201/y) Fime Card Code 55/01 56/02 59/05 60/06 59/60 59/60 59/60 59/60 39/60 49 59/60 71 71/03 49/04 61 67 89 69 66 78	PSDS Code 32 33 36 37 20 21 22 23 24 25 26 27 28 29 03 34 35 04 05 08 09 10 12 13	or both	Streduje.	PPP Da SAT SUN MON TUE SAT SUN MON TUE SAT SUN MON TUE THU THU	y 1r	nit E	

5/6

Cace INTERIOR FINE BY EMPLOYEE'S GREAT THE CARE 32 of 48 PROVIDER FOR EMPLOYEE'S SERIOUS ILLNESS—FMLA

This form is to be completed by employee's Health Care Provider when employee is requesting FMLA and medical documentation is required pursuant to 512.41, 513.36 and 515.5 of the ELM. Form PS 3971 must be completed by employee.

Employee's name Munda G. Wilson	
Description of serious health condition (On the back of this form is the description of a "serious health condition" under FMLA. Does the patient's condition qualify under any of the categories described? If so, please check the applicable category.)	
(1) (2) (3) (4) (5) (6) None of the above <u></u>	
Without giving a specific diagnosis or prognosis, briefly note how the medical facts meet the criteria of the category checked above.	
Date condition commenced: 13/95 and 13/97	T
Probable duration of condition:	
Will the employee be required to be off from work intermittently or work on a reduced schedule as a result of this condition and for treatments? YES Note the probable time and duration. depends on as thin afic. Conditions I Back on Nack Paux	
If the condition is chronic (#4) or pregnancy (#3), note if the employee is presently incapacitated and the likely duration and frequency of episodes of incapacity.	A LIVED
If additional or continuing treatments are required for the condition, provide the nature and regimen of the treatments, an estimate of the probable number of treatments, the length of absence required by the treatments, and the actual or estimated dates of the treatments, if tooks. May right intendity affined training an filme a scule affact would	1899 04
Is the employee able to perform the functions of employee's position? <u>NU</u> If no, describe the physical restrictions placed on the employee, including the duration of such restrictions. Sit down rosition with that warmington.	
Health Care Provider's Signature Date 5/15/9	<i>)</i>
Address Omega Prof Ctr. 3-89 Newart DE 19713	
/26/95 APWU FORM 2	



This form is provided for the purpose of obtaining a duty status report for the employee named below. This request does not constitute authorization for payment of medical expense by the Department of Labor, nor does it invalidate any previous authorization issued in this case. This request for information is authorized by law (5 USC 8101 et seq.).

OWCP File Number (If known)

till 01112 0111 17-10	· G.					1
SIDE A - Supervisor: C	omplete this si	de and refer to	physician	SIDE B - Physician	: Complete this side	
1. Employee's Name (I WILSon,	ast, first, inide	fle)		8. Does the Histo	or of Injury Given to You	by the Employee
2. Date of Injury (Mont	h, day, yr.l	3. Social Sec:	Urity-No.	Concespond to	167	Yes No III not, describ
. 4. Occupation ' (lerK		· × · · · · · · · · · · · · · · · · · ·		- Letture	<u>t</u>
5. Describe How the In	ury Occurred a	nd State Parts	of the Body Affect	A	~ ust / su	en-degrees in
		·		10. Disprosis Due	lis 12.	er Disabling Conditions
ô. The Employ≥e Works		· · · · · · · · · · · · · · · · · · ·	 	12. Employee Advis	sed to Resume Work?	
Hours Per Day 7. Specify the Usual W:			es Per Week	- 13. Employee Able	to Perform Regular Work	No Described on Side A3
Whather Employee Pa	enorms Thous	Tasks or is E.e.	cosed	☐ Yes, If so	☐ Full-Time or ☐ Par	t-Time Hrs Per Day
Continuously or Inter-		intermittent	t Hours.	Ontinuous	omplete below:	· · · · · · · · · · · · · · · · · · ·
s. Lifting/Carrying: State Max Wt.	#15s.	#Ibs.		#ibs.	Intermittent	
b. Sitting	 		Hrs Per Day	-	10:15	Hrs Per Day
			Hrs Per Day			Hrs Per Day
c. Standing	 		Hrs Per Day			Hrs Per Day
d. Walking	1	· · · · · · · · · · · · · · · · · · ·	Hrs Per Day	1		Hrs Per Day
c. Climbing	<u> </u>		Hrs Per Day	N/A	AM) Hrs Per Day
f. Kneeling	i	\ /!	Hrs Per Day	NIB	A V	() Hrs Per Day
z. Bending/Stocoing		\ / 	Hrs Per Day			l Hrs Per Day
1). Twisting		X	Hrs Per Day			Hrs Per Day
i. Pulling/Pushing		\triangle	Hrs Per Day			Hrs Per Day
. Simele Grasting			Hrs Per Day			Hrs Per Day
Fine Manipulation (includes keyboarding)	/		Hrs Per Day			Hrs Per Day
- Reaching above Shoulder	/	/1	Hrs Per Day			
Driving a Vehicle (Specify)	71	i,	Hrs Per Day	N/A	NA	Hrs Per Day
Operating Machinery (Specify)		iì	Hrs Per Day	,	V1	Hrs Per Day
. Temp. Extremes			range in degrees F	NA	Nh	range in
High Humidity		<u>-</u>	Hrs Per Day	2	- 115	degrees F
Chemicals, Solvents, etc. (Identify)	/	<u>_</u>	Hrs Per Day	1		Hrs Per Day
Fumes/Dust (identify)	/					Hris Per Day
Noise (Give dBA)			dBA			Hrs Per Day dBA
			Hrs Per Day	14. Are Interpersonal Re	elations Affected Because	Her Per Day
Other (Describe)	distribute	use a	Leker!	Condition? (e.g. Abi	inty to Give of Take Sune	rvision, Meet Deadlines,
west armores	5/301	איזען ס	in jury	الم المعالم المالية المالية المعالم ا	E	a medication
7,2/98. Plus		work Ja	- 930 pin			
due to server	0-2000	ev or	ed plus	5. Date of Examination	16. Date of	Next Annointment
7,2198. Phis due to server Grander alor	4, 1000	med	9	7. Specialty	18. Tay 190	14/15/0 0
	,		_	+17		A-000075
ewce case +	t030252	7. ÚUIL	1	9. Physician's Signature	1-0. 50.0	<u> </u>
	-50000	177	<u></u>	_/// 6-	- $ -$	16/16/10C)

MEDICAL STATEMENT OF PHYSICAL CONDITION 0-30 DAYS 31-60 DAYS Employees returning to work after illness or injury must provide medical evidence to support his/her assence, based on the local leave regulations. Without the required medical documentation, employee may not be permitted to return to work. (Fair) (Good) through Totally incapacitated from work from Date Date through Partially incapacitated from work from Date Daté PHYSICIAN PLEASE COMPLETE RESTRICTIONS ON ATTACHED PAGE Fax No. TOTAL CARE PHYSICIANS OMEGA PROFESSIONAL CENTER A-000076 BUILDING B, SUITE 89 1109 **OMEGA DRIVE**

Filed 02/23/2006

Page 34 of 48

NEWARK, DE 19713

Q L 4-07-04

TOTAL CARE PHYSICIANS FAMILY PRACTICE
大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大
The strain deposits which the same of the strain section of the strain section in
A control of the cont
D Omego Professional Center - Butlaing B, Suite 89, Omego Dive, Nework, DE 19809 302-798-0066 D Glasgow Professional Center - Suite 124, 2600 Glasgow Profession
1/1 101
ADDRESS
By Ma III III
B. Ms. Wilson has been treated
for major depression, which began, following her Dwist wijing. Her chronic disability is a significant factor in her depression.
began, following her Owrist
unjung. Her chronic disability is
a significant factor in her depression.
Dispense as Written
DEA NO
Substitution Perpitted M.D., D.O.

then completed, this form goes to the e	mployee. <u>not to the l</u>	-/fm/}- Department of Labor	.)	OMB No.: 1215-0181 Expires: 06/30/02
Employees Name Melinda G. Wilso		2. Patient's Name (lf different from emplo	yee)
Page 4 describes what is meant by a "patient's condition" qualify under any of	serious health cond	lition" under the Fam	ily and Medical Leave	-Act-Does-the-
(1) (2) (3)				
Describe the medical facts which sup the criteria of one of these categories: # Back md Nuck Pa	Chronic	Asthma	ement as to how the s	medical facts meet
		•	•	
Back-i Nieck Inge Sleep drs Order Sin	rius gince i	3/951	-	
c Will it be necessary for the employ result of the condition (including to	r treatment described	in item 6 below)?	•	1
450 from car accide	pends on asth 1 nt of 12/20/9.	met ic condition 5. Also Sleep a	n Back.	Nack Pair
If yes, give the probable duration:	}	. · **	•	
(Lifetione a				
c. If the conditions a chronic condition and the likely our ation and frequent She is not presently at another may be from 1-	ncy of episodes of inc	capacity ² :		

A-000078

ž, a. II	additional grants will be required for the condition provide an estimate of the probable number of such treatments. Filed 02/23/2006 Page 37 of 48
/ :	The treatments may vary as well as the number,
d d	the patient will be absent from work or other daily activities because of treatment on an intermittent or part-time asis, also provide an estimate of the propable number of and interval between such treatments, actual or estimated ales of treatment if known, and period required for recovery if any:
	These treatments may viery and the dates are unknown
	as well as recovery time?
5. II	fany of these treatments will be provided by another provider of health services (e.g., physical therapist), please state the nature of the treatments
	NA
7 c. j	if a regimen of continuing treatment by the patient is required under your supervision, provide a general description of such regimen (e.g., prescription drugs, physical therapy requiring special equipment):
	Prescription druge
	Inhalers.
- a. i	if medical leave is required for the employee's absence from work because of the employee's own condition
,	including absences due to pregnancy or a chronic condition), is the employee unable to per form work of any kind?
	thertments or bedrest.
	The may require light-duty work also.
•	
	If able to perform some work, is the employee unable to perform any one or more of the essential functions of the employee's job (the employee or the employer should supply you with information about the essential job functions)? If yes, please list the essential functions the employee is unable to perform: Unable to start Constantly Branch Should Siffing Chair with arm rests and
Han	modefied case to sort mail.
C.	If neither all nor bliapplies, is it necessary for the employee to be absent from work for treatment?

, a. If	leave is required to care for a family member of the employee with a serious equire assistance for basic medical or bersonal gentisions and the fort fair expension of the employee with a serious equire assistance for basic medical or bersonal gentisions and the employee with a serious equire.	nealth condition, does the patient 中國地名/2006 Page 38 of 48
	f no, would the employee's presence to provide psychological comfort be be	neficial to the patient or assist in the
D. 11	patient's recovery?	
	S/A	• .
	·	
	If the pavent will need care only intermittently or on a part-time basis, please i	indicate the probable duration of this need:
C. I		
	0/17+	
		•
,=	, /	
	(SETH IYING)	IM
	ature of Health Care Provider	Type of Practice
Signa	aute of neam Care Fromos	(302) 738.500
	R-89 Omera Dr-	Telephone/Number
Addr	ess 1 1 1/27	6 5 (A) 01 (B)
	Vewark JE 19713	Date
		·
<u> </u>	e completed by the employee needing family leave to care for a family m	ember:
	at the period during which care will t	D6 DIDAIDSO' ILICINDICIÓ 9 20 JESTINE IL ISSAS 12
to pe	e the care you will provide and an estimate of the period during which a full sch taken intermittently or if it will be necessary for you to work less than a full sch	nedulë:
•		
	OLDE DUVEICIANS	
	TOTAL CARE PHYSICIANS OMEGA PROFESSIONAL CENTER	
	BUILDING B, SUITE 89	
•	OMEGA DRIVE	
	NEWARK, DE 19713	
		•
		· (-(-)-
ر کر	Reliente Blaks	
Em:	Minds Spuls Proyee Signature	

TOTAL CARE PHYSICIANS FAMILY PRACTICE

The control of the co			
A Company of the comp	137 M. J. C. Waller at 1981 A. C. M. 1387	2.4.6.1.1.1.3.4.1.1.2.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	医医乳性多种 医乳性性 医甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基
A Company of the comp	The first of the condition with the condition of the cond	The state of the s	DATE SOLD TO THE STATE OF THE STATE OF
The finite of th		大きなからは、これには、「A Participal State	
The finite of th		17、16、16、14、16、16、16、16、16、16、16、16、16、16、16、16、16、	
and the state of t			是是其中的人们的一种,但是一种的人们的人们的人们的。 第二章
and the state of t	· 智· · · · · · · · · · · · · · · · · ·	real Control (1997) 11 11 11 11 11 11 11 11 11 11 11 11 11	
the state of the s	カル・エー・ こうしょうじょく しょうしんりょう	1981年 - 1985年 -	
the state of the s	(5) カースタンとは「おりかっきらい」になっていい。	the first of the second	
The second secon	and the first in the second bull to the	。1996年,第二年前前14日,南京市民學校2 2 4年7月	
The second secon	[6] J. W. Williamson, Phys. Rev. B 50, 2017 (1997); Applied to the present of	· · · · · · · · · · · · · · · · · · ·	Is the period of the second of the second
Sector Address Manager Address Manager Manager Manager Manager Manager Manager Manager Manager Manager Manager And the Anager Manager	the state of the s	司是一次。[6] [6] [6] [6] [6] [6] [6] [6] [6] [6]	
enter de la companya del companya de la companya de la companya del companya de la companya del companya del companya de la companya de la companya del company	 J. W. Marchardter, a print a statement of the fill 	医抗性结束 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	V. 170 G. D. C. C. V. 11212 P. V. L. V. C.
The first of the second of the	(2) こうしょうだいがく くんかいたいがんがん	生活 はんし こうじょうしゅい ほうないはんかいい	
The first of the second of the	[4] A. A. M.	"Miner of Annie of the Colored State (1994).	
The first of the second of the		arg . [20] 20 · 图图 (4) 20 · 图图 (2) 20 · 20 · 20 · 20 · 20 · 20 · 20 · 20	 1 (1) (1) (1) (1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4)
And the second of the second o			2.4 克里克斯克里尼亚克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯
And the second of the second o		STATE OF STATE SAME STATES AND	at the state of th
and the design of the second o		三、国内的"trail"。 "国家的运动会" (1986年) "	是1967年前100日 (1987年) 1987年 (1987年)
and the design of the second o	9 (3.5) (4.1) (4.1)	in the Court follows of Court and Albertain and Albertain Court	
		and the second second second	
	والراب الأرابان والمعارب المناب	하는 나는 사람들이 되었다면 하는 바람들이 되었다.	
100 TO TO THE PARTY OF THE PART		r 1000000 11 1-1000000000000000000000000	ASSESSMENT OF THE CONTRACT OF SECURIOR
	to the contract of	CHARLE CONTRACTOR IN CONTRACTOR OF THE PERSON OF THE PERSO	302-708-0466

G Guiger.
NAME Melinda Wilson DATE 1/30/02
DATE 1/ JOY CL
ADDRESS
R. Ms. Wilson's major depressive
is a stable on her
disorder remains stable on her disorder remains stable work his.
disorder remains stable work his. midication and stable work his.
when speaking with your medical M.D., D.O. Dispense as Witten
Refiltimes PRN NR
M.D., D.O.
DEA NO

CL4-07-04

A-000081

then completed, this form goes to the employee, <u>not to the l</u>	Department of Labo	2 <i>c.)</i>	OMB No.: 1215-018 Expires: 05/30/0
Employee's Name	2. Patient's Name	(If different from emplo	yee)
Melinda G. Wilson	er v	a state of the second	
Page 4 describes what is meant by a "serious health condi- patient's condition' qualify under any of the categories desc	lition" under the Far ribed? If so, please (nily and Medical Leaw sheck the applicable ca	Act. Does the stepory.
· /		, or None of the ab	
Describe the medical facts which support your certification the criteria of one of these categories: Patrant has hand + W-5+10 Junius and over + be	including a brief sta is chron-c ack pain	Asthma, Ch	nedical facts meet
DECEIVED Competes Approved WAY 3 0 2002		0983	EL AS YAM
FMLA COCCOPINIOR SOUTH (C.J.TCR			S/Day 30
will it be necessary for the employee to take work only ir result of the condition (including for treatment described in the condition (including for treatment described in the cutting of the condition (including for treatment described in the cutting condition (including for treatment described in the cutting condition).	ntermittently or to w		
If yes, give the probable duration: Lifetime 1 - 3 days were neck	•		
c. If the condition is a chronic condition (condition #4) or p and the likely duration and frequency of episodes of inc.	apacity ^z :	· .	ently incapacitated ²
Patient has been incapacitate Potients epissides depend on financy,			- d

A-000082

	
ha nation! will be absent from work or other deity activities because	
the patient will be absent from work or other daily activities becausists, also provide an estimate of the probable number of and intenties of treatment if known, and period required for recovery if any:	val between such treatments, actual or estimated
Rodert may be absent at any time	HARUPS OCCUP, 1. 21'
Badient may be absent at any time. Der werk for any one 11/ness.	S
iny of these treatments will be provided by another provider of h de the nature of the treatments:	ealth services (e.g., physical therapist), please
Ply for nock + back.	
	05
	j j~ •j
regimen of continuing treatment by the patient is required und hregimen (<i>e.g.</i> , prescription drugs, physical therapy requiring spe	er your supervision, provide a general description of
_/	
T - prescription drugs.	
	· ·
nedical leave is required for the employee's absence from work by	acause of the employee's own condition
auding adsences due to pregnancy or a chronic condition), is the a	ecause of the employee's own condition employee unable to perform work of any kind?
nedical leave is required for the employee's absence from work be studing absences due to pregnancy or a chronic condition), is the a	scause of the employee's own condition employee unable to perform work of any kind?
auding adsences due to pregnancy or a chronic condition), is the a	acause of the amployee's own condition employee unable to perform work of any kind?
aboung adsences due to pregnancy or a chronic condition), is the a	scause of the employee's own condition employee unable to perform work of any kind?
YES	mployee unable to perform work of any kind?
bile to perform some work, is the employee unable to perform any ployee's job (the employee or the employer should supply you with	one or more of the essential functions of the
ble to perform some work, is the employee unable to perform any ployee's job (the employee or the employer should supply you with es, please list the essential functions the employee is unable to perf	rmployee unable to perform work of any kind? Tone or more of the essential functions of the ninformation about the essential job functions)?
ble to perform some work, is the employee unable to perform any ployee's job (the employee or the employer should supply you with es, please list the essential functions the employee is unable to perform.	rmployee unable to perform work of any kind? Tone or more of the essential functions of the ninformation about the essential job functions)?
bile to perform some work, is the employee unable to perform any	rmployee unable to perform work of any kind? Tone or more of the essential functions of the ninformation about the essential job functions)?
Die to perform some work, is the employee unable to perform any ployee's job (the employee or the employer should supply you with its, please list the essential functions the employee is unable to perform any ployee's job (the employee or the employee is unable to perform any ployee's job (the employee or the employee is unable to perform any ployee's job (the employee or the employee is unable to perform any ployee's job (the employee or the employee).	rmployee unable to perform work of any kind? Tone or more of the essential functions of the ninformation about the essential job functions)?
ble to perform some work, is the employee unable to perform any ployee's job (the employee or the employer should supply you with the essential functions the employee is unable to perform the employee is unable	one or more of the essential functions of the information about the essential job functions)?
ble to perform some work, is the employee unable to perform any ployee's job (the employee or the employer should supply you with es, please list the essential functions the employee is unable to perform the employee to be absential and the employee to be absential to the employee to the emplo	one or more of the essential functions of the information about the essential job functions)?
ble to perform some work, is the employee unable to perform any ployee's job (the employee or the employer should supply you with es. please list the essential functions the employee is unable to perform the em	one or more of the essential functions of the information about the essential job functions)?
Die to perform some work, is the employee unable to perform any ployee's job (the employee or the employer should supply you with its, please list the essential functions the employee is unable to perform the employee to be absential and the employee to be absential to the employee to the empl	one or more of the essential functions of the information about the essential job functions)?
ble to perform some work, is the employee unable to perform any ployee's job (the employee or the employer should supply you with es, please list the essential functions the employee is unable to perform the employee to be absential and the employee to be absential to the employee to the emplo	one or more of the essential functions of the information about the essential job functions)?

Document 34-3

Filed 02/23/2006

Page 42 of 48

Case 1:05-cv-00073-JJF

Status Report 36 1:05-cv-000 43 S. Department 34 Labor of Employment Standards Administration Office of Workers' Compensation Programs orm is provided for the purpose of obtaining a duty status report for the employee named below. This request does OMB No. 1215-0103 onstitute authorization for payment of medical expense by the Department of Labor, nor does it invalidate any Expires: 10-31-94 ius authorization issued in this case. This request for information is authorized by law (5 USC 8101 et seq.). OWCP File Number (If known) nation collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 03201173 e OMB Cir. A-108. A - Supervisor: Complete this side and refer to physician SIDE B - Physician: Complete this side 8. Does the History of Injury Given to You by the Employee
Correspond to that Shown in Item 52 2 Yes No (if not, describe) ployee's Name (Last, first, middle) Melinda 1500 3. Social Security No. te of Injury (Month, day, yr.) cupation FSM CLERK (USPS) 9. Description of Clinical Findings scribe How the Injury Occurred and State Parts of the Body Affected 10. Diagnosis Due to Injury), 011. Other Disabling Conditions Tendent Santus Custe below Injury 172. Employee Advised to Resume Work? wright republice motion. Pashing. e Employee Works Yes, Date Advised 17/3/07 □ No Hours Per Day Days Per Week 13. Employee Able to Perform Regular Work Described on Side A? ecify the Usual Work Requirements of the Employee, Check Yes, If so Full-Time or Part-Time _____ Hrs Per Day nether Employee Performs These Tasks or is Exposed intinuously or Intermittently, and Give Number of Hours. No, If not, complete below: Activity Continuous Intermittent Continuous Intermittent #lbs. 25 ting/Carrying: #lbs. /lbs. ΙÜ ste Max Wt. Hrs Per Day Hrs Per Day X Hrs Per Day ting Hrs Per Day X Hrs Per Day anding Hrs Per Day X iking Hrs Per Day Hrs Per Day N/A الوريط 13 Hrs Per Day mbing Hrs Per Day N/A eeling Hrs Per Day 17 Hrs Per Day X nding/Stooping Hrs Per Day Hrs Per Day X risting Hrs Per Day Hrs Per Day X lling/Pushing Hrs Per Day CHrs Per Day Letter X Si-thra nple Grasping Hrs Per Day Hrs Per Day e Manipulation X cludes keyboarding) Hrs Per Day Hrs Per Day aching above X oulder His Per Day Hrs Per Day ving a Vehicle N/A ecify) Hrs Per Day Hrs Per Day erating Machinery N/A ecify) Hrs Per Day C Hrs Per Day range in range in N/A mp. Extremes degrees F O degrees F N/A h Humidity Hrs Per Day () Hrs Per Day emicals, Solvents, N/A :. (Identify) Hrs Per Day Hrs Per Day N/A mes/Dust (identify) C. Hrs Per Day Hrs Per Day N/A ise (Give dBA) Hrs Per Day Hrs Per Day net (Describe) Sit Kits in Batted Case Chair 14. Are interpersonal Relations Affected Because of a Neuropsychiatric Condition? (a.g. Ability to Give or Take Supervision, Meet Deadlines, Witharniests/Apply Heat Kinin etc.) 🔼 Yes. 🗆 No (Describe) THE POSTAL SERVICE WILL The CAMEDIA SWIEGRAPTSION - PULLUATION ACCOMMODATE ANYIALL RESTRICTIONS 15. Date of Examination 16. Date of Next Appointment SHORT OF BED REST /3/01 12/3/02 irt-time no later than 930Am due 17. Specialty 18. Tax Identification Number meds. ANY QUESTIONS, PLEASE CALL \\\10 10 Dhisting Companies A-000085

mployee's Name: Melinda G Wilson

In an 8-hour Work Day, the Employee is able to:

Activity	Hours at one time	Total Hours per day
Lift/Carry: Less than 5 lbs.	intermittently	- 5
Lift/Carry: 5 - 10 lbs.	IN TENTINE CONTRACTOR	
	1	7
Lift/Carry: 11 - 20 lbs.	0	
Lift/Carry: 21 – 50 lbs.	<u> </u>	72
Lift/Carry: 51 – 70 lbs.	(/	7)
Lift/Carry: Over 70 lbs. Push/Pull (up to lbs.)	D	77
Push/Pull (up to lbs.) Sit	1-2	8
Stand	0	0
Walk		1
Climb Stairs	()	O
Climb Ladders	1)	V
Kneel	<i>i</i>)	1)
Bend	1.	
Stoop	ľ	
Twist	(/	1
Perform simple grasping (e.g. sort letters by hand)	Tax Sorting letter	5
Key on 10-key pad @ 3 keystrokes per mail piece	0.	0
Reach above shoulder	0	0
Work outdoors	()	17
Perform driving duties: Passenger car	Ö	∂
Small truck (e. g., step van)	(1)	0
5 – 7 Ton truck	8	· V
Fork Lift Power On	<i>ć</i>]	1 6
Tractor trailer	0	L U
Fine Manipulation	0	
Other restrictions (explain*):		V
not lafters in modifical case, chair lailly morest		
16 ST SOLAT, April what ar I've every hour		<u> </u>
15 noingles as headed for frin.		
13 TOURHERS DE	<u> </u>	•

*Unusual restrictions may be guestioned via phone cal	ll from USPS medical professional
- All	12/12/03
Physician's Signature	Date
South Ivins	738-5500
Dhygician's PRINTED Name	Telephone No.

Physician's PRINTED Name

MW/0377

4,010

48

because of Race, Color, Religion, Sex, Age, National Origin, or Disability OUR EMPLOYMENT PULICT: Equal opportunity for an

PPLICATION FOR EMPLOYMENT OUR APPLICATION POLICY: Application for employment shall be consident of active for a period of time not to exceed 60 days. Any applicant wishing to be ered for employment beyond this period should inquire as to whether or not are tions are being accepted at that time.

Date you are systlable to start work:				
	Do ygu have any relatives working at Boscov's? 🖂 Yes 🗀 No II "Yes", Give Name, Relationship and Department.	□ No II "Yes", GI	working at Boscov's? Yes)o ygu have any relalives
To Penado Children Color	Dates of previous employment: From	Dates of previous	□ Yes 🚉 No	Towner (specify)
Serona MXHIBIT	pepartment	Position	employed by Boscov's?	
DEPOSITION A	If "Yes", under what name/were you employed?:	lf "Yes", under wh	Have you ever been	Source of referral
☐ Yes ☐ No Are you under 18? ☐ Yes ☐ No	ች	ENT IN THE UNITED	ARE YOU LEGALLY ELIGIBLE TO ACCEPT EMPLOYMENT IN THE UNITED STATES?	NHE YOU LEGALLY ELI
rea Code 322 3954854	New Cost E	New Costk, DE 19720.	28 Ashley Dr. New	dogess: 28 As
Telephone No.	<u>l</u> gu	y State	er Street City	regent Number
1 - 0 0	22/01 2300	(s at501)	Mericala	WISON)
Date of Applicant	Social Security No.	Middle Name	First Name	Last Name
Data of Application				ige

TYPE OF WORK DESIRED	TYPE OF SCHEDULE	r		Date you are available to come
	PART-TIME	☐ FLEXIBLE	Me Immedicates	icite/
D.CASHIER I	work on the follow	days and ilmes urs. Frl. Sal.	sedxa 25.	Expected earnings:
Name a specific department	1420 230 430 430	132		1000 All rough
EH STOCK FROM C	200 00	2	6	2.000
Name a specific department	1	15.00	7	
O TO BE COMPLETED AFTER EMPLOYMENT		FOR OFFIC	FOR OFFICE USE ONLY	7
0) 06 6 .	Client #.	0000	Education Code	
TOURS & S.S. # KCUIN (V) (SON)	Store #	0012	Date of Birth	07 00 6
pouse's Employment	Sex	T	Citshp (1-9)	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
1 Case of Emergency Notify: KRANCH LUCKSON	Starting Date	10/20/03	Dep. Children	9
Address:	Startino Rate	したい	Disability	Z
Telaphone:	Marital Status	<u></u>	Employee Type	H
Interviewers Comments:	Dent #	1304	Normal Hours	26
	I Rel Code	I	Job Code	NOW PR

Affidavit

T:

P

AVAILABIL	
OFKER'S NAME Melunda WILSO	n phone no (981-3079
0306-Womens	pisc. #148768
in the second with your during the interviewing process [3] full time	and the Staff Scheduler in the preparation of Departmental Staff Sched- e and flex schedules will include 2 evenings, hours on Saturdays, and ours on Saturday, and alternate Sundays. You have been hired as an:
EMPL TYPE TEMP with a weekly schedule	15
daily schedule o	of Hours.
tc. Please note: Special requests for time off are to be arranged	PART-TIME,FLEX sis, please indicate below i.e., a standing doctor's appointment, class or d with your Department Manager and/or Supervisor. ARE AVAILABLE TO WORK
TIME:	DAY:
ar opento close	THURSDAY 400 TO CIOSE
pay opento close	FRIDAY SBU to Close
DAY 360 to close	SATURDAY 400 to CLOSP
VESDAY 10 CLOSE	
ORKER SIGNATURE THUNDE BANG	DATE / / / / / / / / / / / / / / / / / / /

Affidavit_B

A-000089

E K O O I COMPANY OSA

Case 1:05-cv-00073-JJF Document 34-3 Filed 02/23/2006 Page 48 of 48

NT NUMBER: 0503 STORE NUMBER: 00072 SOCIAL SECURITY NUMBER: 221-52-2808

ASIC DATA. TO BE VERIFIED AND UPDATED BY CO-WORKER. ENTER CORRECTIONS OR UPDATES ON LINE PROVIDED.

	•	•					
NAME: WILS	ON	FIRST NAME:	MELINDA	MIDDLE INI	TIAL: G		
	28 ASHLEY DRIVE	CTTY: NEW	CASTLE	STATE: DE	ZIP CO	DE: 19720-	<u> </u>
RESS LINE 1:	28 ASHLET DRIVE	02111					
				DERAL TAX INFO		TEN	
RESS LINE 2:			(TO CHANGE,	A W4 FORM MUST	BE COM LL	1227	
			STATUS: MARR	IED EXEMPTIO	NS: 004 A	MOUNT:	.00
OYMENT DATE	. 10/20/03	DEPARTME	NT: 0306	DISCOUNT	NUMBER: 14	876-8	
	DATA. TO BE VERIFIED	AND UPDATED	BY CO-WORKER	. ENTER CORREC	TIONS OR U	IPDATES ON LIN	E PROVIDED.
- PERSUNAL	BAIA, IU BE VERTITED	AND 015A125					• ;
FEMALE HA	ARITAL STATUS: MARRIED		NAME - FIRST:	KEVIN	LAST: W	ILSON	
		(IF MAR	RIEDJ			•	
ABILITY: NO	DATE OF BIRTH:	07/06/61	HOME PHONE: (302)981-3079	SPOUSE SSN (IF MARRIE	l: 000-00-0000 D)	Program in the program is a service of the service
BER OF DEPEN 'DENT CHIL	DENT CHILDREN: Dren are those		NAME OF DEPEN	DENTS	r	DEPENDENTS DAT	E OF BIRTH
EN LIVING E OF 19)	AT HOME UNDER		LAST NAME, FI	RST NAME		HM/DD/	YYY
RGENCY DATA:	!					·	
TACT NAME: K	CEVIN WILSON		LAST NAME, FI	RST NAME		, MM/DD/	′ YY
RESS: S	SANE		LAST NAME, FI	RST NAME		MM/DD.	/YY
						•	
			LAST NAME, FI	RST NAME		MH/DD.	/YY
Y/STATE: S	SARC	•		•.			•
						MV /PR	/VV
NE NUMBER:	3023954854	<u> </u>	LAST NAME, FI	RST NAME	•	MH/DD.	/ T T
						· -	
ATIONSHIP:	HUSBAND		LAST NAME, FI	RST NAME		MH/DD	/YY .
JCATION: (COLLEGE GRADUATE		FOR HUMAN	RESOURCE HANA	SERS USE O	KLY	
WITHN!	CALTERE PENTANIE	esp.coht		OB CODE: 8210			
	•						
PLEASE	REVIEW,		: SALESPERSON		€Uħ.	TITLE:	A-00
	SIGN AND	JDB SALAI	RY CODE: NONE				71 00

PLEASE REVIEW,
ORRECT, SIGN AND
'URN TO HUMAN
OURCES- DAN CARTY

LIDE SALARY CODE: NOME

NORMAL HOURS: 25.08 EMPLOYMENT TYPE: TEMPORARY
(CANNOT EXCEED 48.08) (* INDICATES HISMATCH TO AGE OR NORMAL HOURS)

CITIZENSHIP (1-9): YES UNDER AGE 18: NO Affidavit B
(ON FILE)

Page 124 of 150

3-WORKER SIGNATURE: Melinda & Albert